

NATIONAL ESCORT GROUP  
MOTOR CYCLE MARSHAL APPLICATION



Please send to: NEG Administrator, British Cycling, National Cycling Centre, Stuart Street, Manchester M11 4DQ					
First Name:		Surname:		Title:	
Address:					
Address:					
Town:		County:			
Postcode:		Date of Birth:	day	month	year
Phone No (Home):		Phone No: (Work/Day):			
Phone No: (Mobile):		Fax No:			
E mail address:					
Occupation:		Or retired?	Fully <input type="checkbox"/>	Semi <input type="checkbox"/>	
No. of years m/c riding experience:			No. of years full motorcycle licence held:		
Make/model of m/cycle:			Cubic capacity of motorcycle:		
Is a fairing fitted to your m/cycle:		Yes <input type="checkbox"/>	Do you have CB radio equipment for your m/cycle:		Yes <input type="checkbox"/>
Previous experience of race escort or marshalling duties:					
BC Road Commissaire?	Yes <input type="checkbox"/>	Level:	BTA Referee?	Yes <input type="checkbox"/>	Level:
Are you a British Cycling Member?		Yes <input type="checkbox"/>	British Cycling Membership No:		
IAM or RoSPA advanced qualifications & date(s) achieved*:				Date	
				Date	
Other recognised qualifications & date(s) achieved*:				Date	
				Date	
First aid qualification & expiry date*:				Date	
<i>*Please attach copies of relevant qualification certificates</i>					
Other qualification(s)/experience relevant to marshalling duties:					
Main marshalling interest:	Road Racing <input type="checkbox"/>	Triathlon <input type="checkbox"/>	How far from home are you prepared to work on events?	miles	
Available time for NEG involvement:		Single day races <input type="checkbox"/>	Weekends <input type="checkbox"/>	Stage races <input type="checkbox"/>	
Signed:			Date sent:		