

**Cycle to Work Scheme
Application Form**

Appendix 2

To: Cycle to Work Scheme
Payroll Division
Department of Education and Skills,
Athlone, Co. Westmeath, N37 X659

Please clearly mark envelope "Cycle to Work Scheme" and "Primary Payroll", "Post Primary Payroll" or "Non Teaching Staff Payroll" as appropriate.

Please circle as appropriate:

Current post: Teacher or Non Teaching Staff

Sector: Primary or Post Primary

1 Employee Personnel Details

Name: *(as on pay slip)* _____

Home Address _____

Contact Telephone No. _____ School roll number _____

PPS No.: *(as on pay slip)*

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Payroll No.: *(as on pay slip)*

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2 Supplier details (THIS SECTION SHOULD BE COMPLETED BY THE SUPPLIER)

Supplier Name _____ VAT Number _____

2.1 Supplier's Bank details for EFT Payment:

Supplier's Bank Account No.

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Supplier's Bank Sort Code

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Supplier's Bank Account IBAN

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Supplier's Bank Account BIC / SWIFT

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Bank Name & Address _____

Please ensure that the bank account is within the Republic of Ireland and will support the Electronic Money Transfer System.

3 Details of Bicycle /Cycle Equipment Ordered

Invoice Number _____

Goods	Description	Price inclusive of VAT
Bicycle		
Cycle helmet conforming to European standard EN1078		
Bells and bulb horn		
Lights including dynamo packs		
Mirrors and mudguards		
Cycle clips and dress guards		
Panniers, luggage carriers and straps		
Locks and chains		
Pumps, puncture repair kits, cycle tool kits and tyre sealant		
Reflective clothing along with white front reflectors and spoke reflectors		
<u>Total</u>		

Attach Invoice For Bicycle /Cycle Equipment of Total Ordered.

**Cycle to Work Scheme
Salary Deduction Authorisation Form**

I hereby authorise a salary sacrifice of € _____ **(Please enter the total amount as stated on the invoice, maximum €1,000)** of my annual basic salary in lieu of the provision of new bicycle/cycle safety equipment by the Department of Education and Skills.

1. The Department of Education and Skills must recoup the full amount by the end of October within the calendar year in which you apply.
2. Salary deductions will commence from salary on the earliest possible salary payment date following receipt of the application form.
3. In the case of applicants employed under a fixed term or regular part time contract, the deduction arrangements must be completed by the last pay day in August of the calendar year.
4. Applications received between September and October, must be recouped by the last pay day in October of the calendar year.
5. An employee may opt to complete the salary deductions over a shorter period
6. When an employee is scheduled to come off the payroll on a date before October of the year they apply for the scheme, the entire salary sacrifice must be recovered by their last payment.
7. I realise that this arrangement will operate until the salary sacrifice has been recouped under the terms above and that the deductions will be paid within the current tax year which will be reflected in my pay slips over one of the periods below, please indicate your selected deduction period;

1	Start date to October (<i>deductions must be completed by the last pay day in October</i>) <i>See 1 & 2 above</i>	
2	Start date to August (<i>fixed term or regular part time contracts</i>) <i>See 2 & 3 above</i>	
3	September to October (<i>deductions must be completed by the last pay day in October</i>) <i>See 2 & 4 above</i>	
4	Once off deduction (<i>full recoupment in one fortnightly pay day</i>) <i>See 5 above</i>	

I certify that the bicycle / cycle safety equipment supplied under this scheme is for my personal use and will be used primarily for qualifying journeys, i.e. journeys to or from work and/or between places of work and that such use is subject to any rules or conditions that are in force concerning the operation and use of the equipment.

I understand that I should use the bicycle in line with all rules and regulations as set out by the Road Safety Authority (RSA) and make use of proper cycle safety equipment at all times.¹

I have read and I agree to the Cycle-to-Work Scheme conditions as outlined in [circular 0066/2017](http://www.rulesoftheroad.ie/circular/0066/2017)

I certify that I have entered into an agreement with the supplier named in the invoice that they will supply me with the bicycle / cycle safety equipment as per the invoice submitted.

Where the supplier's bank account is not based in the Republic of Ireland there may be an additional nominal fee to facilitate the payment to the supplier by the Electronic Money Transfer System, which will be included in the salary sacrifice figure.

¹ Please see RSA web site <http://www.rulesoftheroad.ie/>

NAME _____ PPSN _____
BLOCK CAPITALS PLEASE

Signed: _____ Date: _____

Data Protection

The Department of Education and Skills will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Departments registration with the Data Protection Commissioner - REF 10764/A

If the information you have provided is to be used for purposes other than outlined in the Departments registration with the DPC your permission will be sought.