**Application for Cycle to Work Scheme**

**Please complete this form to apply for a cycle and cycle equipment to be purchased by the Diocese under the IOMG Cycle to Work Scheme.**

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| --- | --- |
| Full Name: | **Block Capitals** |

I wish for my employer to purchase a bicycle and bicycle equipment as outlined below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of retailer:  ***Must be based on Isle of Man*** |  | | | |
| Make and Model of bicycle: |  | **Basic Cost** | **VAT rate** | **Total £ (inc VAT)** |
| Details of bicycle equipment: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total -** *this should not exceed £1,000 for a pedal cycle and equipment or £1,600 for an electric bike and equipment* |  |  |  |  |

***Please ensure that the information provided is accurate. A quotation from the retailer must be supplied.***

I confirm that I have read the Cycle to Work Scheme rules and accept the terms contained therein.

I understand and accept that I will sacrifice salary over a period of 3 years (36 months) in return for the provision of the bicycle and safety equipment as detailed above. This will result in a proportionate reduction in my NI/Tax and superannuation contributions and this may affect my pension entitlement (non clergy). I confirm that I am purchasing the bicycle and equipment for my own use in order to cycle to work and that I am solely responsible for indemnifying myself in the event of loss, injury or damage, however caused.

If I cease to be employed/be an officer of the Diocese before the end of the 3 year period, I accept that any outstanding amount will be deducted from my final pay/stipend, or if this is not possible, e.g. the amount exceed the last net pay, I will pay all outstanding amounts within 14 days of my leaving date.

**Applicant’s Signature**: ………………………………………

**Date:** ………………………………………