

Cycle training evaluation form

We hope you have found your training helpful and enjoyable. We would be grateful if you could fill out this evaluation form which will help us improve the delivery of cycle training.

Name: _____

Email: _____

Address: _____

Borough training took place in: _____ Date of session: _____

1. Do you live or work in the borough the training took place in?

☐ Live

☐ Neither

☐ Work/Study

☐ Both

2. Do you own a bicycle?

☐ Yes

☐ No

3. Before your cycle training, how often, on average, did you cycle and for what purpose?

	Commuting	Leisure	Shopping/Personal Business	Education	Other
Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 – 6 days a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 – 3 days a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a fortnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In the past week, on how many days have you done 30 minutes or more of cycling, which was enough to raise your breathing rate? **This may include all cycling that you have undertaken in the past week.**

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

If you have cycled for less than 30 minutes at a time, please indicate how many times in the past week you did this?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

5. After your cycle training, how often do you intend to cycle?

	Commuting	Leisure	Shopping/Personal Business	Education	Other
Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 – 6 days a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 – 3 days a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a fortnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Why did you request cycle training? You can tick as many as apply.

- ☐ To gain more confidence ☐ To use Cycle Hire
☐ To learn to deal with heavy traffic ☐ To use Cycle Superhighways

Other: _____

7. How confident do you feel about cycling on the roads?

- ☐ Very confident ☐ Confident ☐ Neither confident nor un-confident
☐ Un-confident ☐ Very un-confident

8. How did you hear about cycle training?

- ☐ TfL's website ☐ Sent from another borough
☐ Borough newsletter ☐ Through my workplace
☐ Borough website ☐ Word of mouth
☐ Advertising/posters ☐ TV/Radio/Newspaper
☐ In relation to the Cycle Hire scheme
☐ In relation to Cycle Superhighways

Other: _____

9. Did you go on a Cycle Superhighway during your training session?

- ☐ Yes ☐ No ☐ Don't know

10. How did you book the cycle training? Please use the space below to write down your views about the booking process.

- ☐ TfL's website ☐ Borough website / Phone

Comments: _____

11. Overall, has the cycle training met your expectations? (Please tick as appropriate: 1 = not at all, 10 = completely)

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

12. Please use the space below to indicate any other views you have on the cycle training you have received and/or the booking process.

13. Gender (Optional)

☐ Male

☐ Female

14. Age (Optional)

☐ 14-20

☐ 21-35

☐ 36-45

☐ 46+

Data Protection

Transport for London (TfL), its subsidiaries and service providers, will use your personal information for the purposes of the provision of cycling and travel related information and for the purposes of research. If you have previously registered as a customer with TfL we will also use this information to check that your existing contact details are up to date. Your personal information will be properly safeguarded and processed in accordance with the requirements of the Data Protection Act 1998.

The London Borough that delivered your training would like to contact you with cycling and travel related information. Please mark this box ☐ if you do not wish to receive this information.

TfL and its subsidiaries may also contact you about our offers and promotions. Please mark this box ☐ if you do not wish to receive this information.

Instructor to complete

How many sessions has the trainee received?

☐ 1 ☐ 2 ☐ 3 ☐ 4

Trainee level at start:

Trainee level at finish:

Instructor's name:

Contact number:

Signature:

For more information contact Transport for London at enquire@tfl.gov.uk

Or your borough: