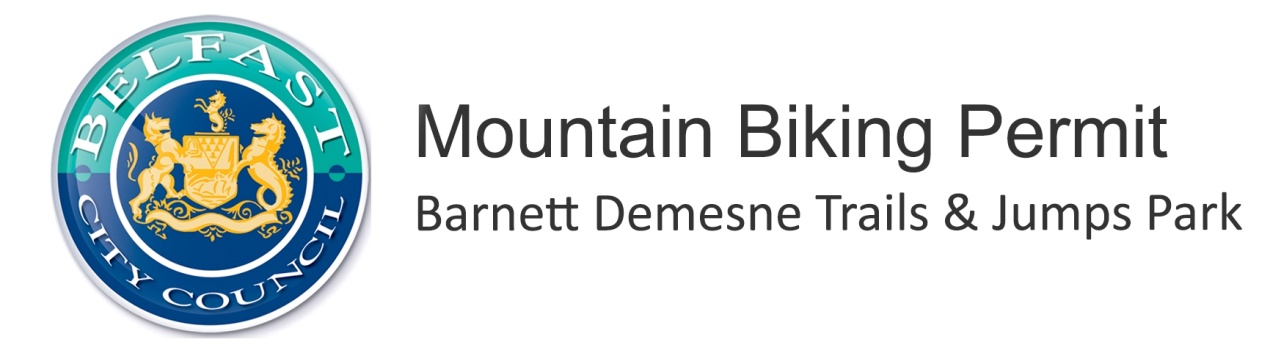
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**Leading of Mountain Biking Activities - Annual Mountain Biking Permit Application Form**

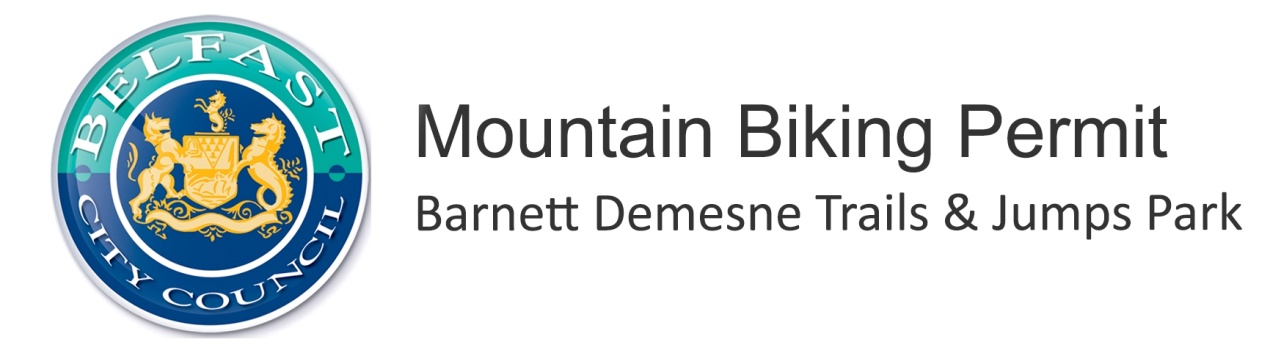
Those organisations wishing to lead mountain biking i.e. coaching or guiding either on a commercial or non commercial basis on the **Barnett Demesne Trails & Jumps Park** must apply for an **'Annual Mountain Biking Permit.'**

**This permit entitles the holder to:**

* Deliver mountain biking coaching or guiding on the purpose built mountain biking trails within **Barnett Demesne Trails & Jumps Park**
* Promote the aforementioned services via the designated trail page on the official website - MountainBikeNI.com

**Please note:**

* The number of participants on any given day **should not exceed 20** otherwise this constitutes an event and should be applied for through the appropriate method.
* The permit holder must carry a copy of the permit with them on each trip to allow inspection by Belfast City Council staff. This will be carried out on a spot check basis.
* The permit allows for coaching or guiding only on the official mountain bike trail system and does not permit this activity at other locations within the park
* The permit holder may not close or divert sections of trail
* The permit holder must comply with the Mountain Bike NI code of conduct at all times
* The permit is valid for 12 months from date of issue.



**Annual Mountain Biking Permit Application Form**

|  |  |
| --- | --- |
| Organisation Name |  |
| Main Contact Name |  |
| Address |  |
| Telephone Landline |  |
| Telephone Mobile |  |
| Email Address |  |
| Date from which permit to start |  |

**I have enclosed a copy of (please tick):**

|  |  |
| --- | --- |
|  | **Y/N** |
| Public Liability Insurance Certificate (covering the delivery of mountain biking) to the minimum value of £5 million |  |
| Risk Assessment for leading mountain biking within a trail centre environment |  |
| Qualifications of **each member of staff** to be covered by this permit - see requirements & template below  N.B. You may add to your list of instructors throughout the year by providing a copy of their qualification. |  |

**Applications will not be accepted without the above information and payment**

**Fee:**

|  |  |
| --- | --- |
|  | **Y/N** |
| I have enclosed the fee of £**80**  Cheque made payable to **Belfast City Council** |  |

**Qualification Declaration:**

Each member of staff must have at least **one** of the following qualifications as a minimum:

* Adventuremark (Organisation accreditation with mountain biking as an applicable activity)
* Mountain Bike Leader Award (MBLA) - Trail Cycle Leader (TCL)
* CTC - Trail Leader Award
* Mountain Bike Instructors Award Scheme (MIAS) - Instructor Level 2

N.B. You may add to your list of instructors throughout the year by providing a copy of their qualification.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name** | **Qualification** | **Copy of certificate enclosed** |
| **E.g.** | An Other | CTC - Trail Leader Award | Yes |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **13** |  |  |  |
| **14** |  |  |  |
| **15** |  |  |  |

**Add additional sheets as necessary. Applications will not be accepted without the above information and payment**

**Declaration:**I understand the conditions of this permit and will ensure these are adhered to by all staff within the organisation. I understand that working outside the conditions of this permit could result in removal of the permit with no refund.

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

**Please send completed applications to:** Outdoor Leisure, Belfast City Council, Parks & Leisure Department, Adelaide Exchange, 24 – 26 Adelaide Street, Belfast, BT2 8GD

Tel: 02890320202 Email: leisureo@belfastcity.gov.uk