**Annex C: Cycle to Work Scheme (Application** **Form)**

To: Ms Niamh Clifford, Human Resource Manager.

From: Date:

**Re: Cycle to Work Scheme.**

Please see detailed below my application to participate in the above scheme. I confirm having read and understood the policy statement and associated links, issued by IADT in support of the roll out of this scheme with effect from the 1st October 2009. I note that this Application Form will be retained by IADT as evidence of my participation in the above scheme and that it will be subject to the normal Revenue and other audit procedures governing the operation and governance of IADT and this scheme.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Block Capitals) declare that the bicycle to be purchased by IADT on my behalf as part of the Government tax incentive scheme\* is for my own personal use and will be used mainly for the purposes of qualifying journeys, where qualifying journeys are defined as the whole or part (e.g. between home and train station) of a journey between my home and normal place of work, or between my normal place of work and another place of work. I also understand that I am the owner of the bicycle once it has been purchased on my behalf. (\*as defined in section 7 of the Finance (NO. 2) Act 2008)

I confirm that this Application Form constitutes my agreement with IADT to forego or sacrifice part of my salary (salary sacrifice) in order to cover the cost of the purchase of the bike and safety equipment provided by IADT. I agree to altering the terms and conditions of my contract to forego € \_\_\_\_\_\_\_ \*\* of my annual salary for the purchase of the bicycle and related equipment. I understand that the cost of the bicycle and related equipment will be deducted from my gross salary over the relevant period which will either be a maximum period of twelve months or over the pay periods provided for by my contract as a Fixed Term employee if less than twelve months. (\*\* as per Pro-Forma Invoice)

I note that if I leave and /or take unpaid leave during the year / contract, any balance due to the Institute will be deducted from my final net salary. I agree that where the final net salary is insufficient to repay the balance due, I will repaythe shortfall by cheque prior to my departure. I note that once employment in IADT has ended, the tax benefit cannot be availed of by me on the outstanding balance not discharged through payroll deduction. I note also that the salary sacrifice agreement has no impact on normal pension contributions which will remain calculated on my gross salary where I am a member of the Education Sector Superannuation Scheme.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff Number:** \_\_\_\_\_\_\_\_\_\_\_\_

**Department:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact No:** \_\_\_\_\_\_\_\_\_\_\_