



**Health Service Executive – CHO 7**  
**Application Form – Cycle to Work Scheme 2026**

<b>Employee Name:</b>		<b>Personnel No.:</b>	
<b>Job Title:</b>		<b>PPS No:</b>	
<b>HSE Work Address:</b>		<b>Mobile No:</b>	
		<b>Email Address:</b>	
<b>Home Address:</b>		<b>Line Manager Name &amp; Address:</b>	
<b>Service Function:-</b> (tick as appropriate)	<b>Mental Health</b> <input type="checkbox"/> <b>Social Care</b> <input type="checkbox"/> <b>Primary Care</b> <input type="checkbox"/> <b>Health &amp; Wellbeing</b> <input type="checkbox"/> <b>Finance/HR</b> <input type="checkbox"/> (please state)		

**Signed Statements Regarding use of the Cycle to Work Scheme**

I \_\_\_\_\_, declare that the bicycle to be purchased by my employer 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 employee’s or director’s home and normal place of work, or between his or her normal place of work and another place of work.

\*as defined in section 7 of the Finance (NO. 2) Act 2008

I \_\_\_\_\_ declare that I have not availed of the Cycle to Work Scheme in a previous employment within the last 4 years. **Note:** An employee can only avail of the exemption from tax under the scheme once in any 4 year period.

**Salary sacrifice agreement**

I \_\_\_\_\_, Employee No.: \_\_\_\_\_, agree that the cost of the bike will be deducted in equal instalments from my salary from the date my application is processed until 31.12.2024 in order to facilitate the purchase of a bicycle and/or cycle equipment as part of the Government tax incentive Cycle to Work scheme.

On termination of my employment for whatever reason I declare that I will repay in full any monies outstanding under this scheme.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\* The deductions have to be repaid back by 31<sup>st</sup> Dec 2026**

**Warranty associated with this bicycle and equipment are transferred to the employee from supplier after payment**



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**Line Manager Declaration:**

I confirm that having discussed the Terms and Conditions of the Cycle to Work Scheme with Mr./Ms. \_\_\_\_\_ Personnel No: \_\_\_\_\_ they are eligible and will use the bicycle purchased in accordance with the agreed terms and conditions of the scheme, outlined above.

Line Manager Approved: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

<b>Bicycle Make:</b>		<b>Bicycle Model</b>	
<b>Bicycle Record No.:</b>		<b>Cost of Bicycle (A)</b>	
<b>Cost of Equipment (B)</b>		<b>Total Cost (A) + (B)</b>	
<b>Purchase Order No.:</b>		<b>Date Bicycle Received:</b>	// //
<b>Date Bicycle Collected by Employee:</b>	// //	<b>SAP/HR Payroll Deduction Code</b>	
<b>Date Deductions Commenced on Payroll System</b>	// //	<b>Total Deduction Amount</b>	€____:____
<b>Amount to deducted per * fortnight/monthly (*del as appropriate)</b>	€____:____		