



APPLICATION FORM FOR CYCLE TO WORK SCHEME HSE SOUTH
(CORK KERRY)

Employee Name: (Block Letters) _____
Employee Personnel SAP No: _____ PPS No: _____
Grade: _____ Work Location: _____
Home Address: _____
Phone No: _____ Email (Block Letters): _____

Signed Statement Regarding Use of the Bicycle:

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 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

Signed Statement Regarding the Cycle to Work Scheme:

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 the last 4 years.

Supplier's Declaration: (V.A.T. amount must be displayed separately on the invoice)

Name:	
Address:	
Phone No:	Email Address:
I declare that the information provided is accurate and correct on the date indicated below:	
Supplier's Signature: _____	Date: _____
For Attention of Employee: Please attach <u>original invoice</u> from your chosen Supplier to your application form. Your application cannot be processed without this invoice	

IMPORTANT NOTICE:

It is the responsibility of each applicant to ensure when submitting the application form for the Cycle to Work Scheme, that you have verified with the shop/company that the bicycle selected is available for collection. Cancellations or refunds cannot be facilitated once payment is processed by the HSE and salary deductions have commenced.



SALARY DEDUCTION/AUTHORISATION UNDER THE CYCLE TO WOTK SCHEME:

To avail of the bicycle and/or related cycle equipment purchased under the Cycle to Work Scheme, I agree to have **total amount of €** _____ deducted from my salary until the amount is repaid in full to the HSE South. (Please include the total cost of items purchased). You will receive the tax relief that applies under this scheme through your salary.

I agree that the salary deduction will be reflected in my salary over _____ pay periods. Please insert the **number of pay periods over which you wish to repay this money**. Please see NOTE below regarding the number of pay periods that apply depending on your pay frequency.

- *NCHDs/Junior Doctors on rotation, have to **repay money owing over 1 pay period:***

NOTE:

If the bicycle and/or related equipment is purchased in May and repayment commences in June, the cost will be recouped over the following number of pay periods:

- Fortnightly Paid: 12 pay periods
- Monthly Paid: 6 pay) periods
- 4 Weekly Paid: 6 pay periods

I understand that this repayment may last for a maximum of up to **six months only** and will conclude not later than **30th November** of the year of purchase. Only applicants, who wish to repay the full amount in **one pay period**, can have applications activated after the second week of November in the year of purchase. Repayments under this scheme cannot be facilitated in December.

NB: On termination of my employment for whatever reason I declare that I will repay in full any monies outstanding under the under the Cycle to Work Scheme.

Employee Signature: _____ **Date:** _____

LINE MANAGER DECLARATION:

I confirm that having discussed the Terms and Conditions of the Cycle to Work Scheme with _____, he/she is eligible for the scheme and will use the bicycle purchased in accordance with the agreed terms and conditions of the scheme outlined.

Line Manager: _____ **Signature:** _____
(PRINT NAME)

Line Manager E-Mail: Please print name: _____ **Date:** _____

NB: FAO Line Manager:

Please note that under the Cycle to Work Scheme, the bicycle and/or accessories must be paid for in full on or before an employee retires, resigns or leaves employment with the HSE South.



Completed application forms should be returned to: **Ms. Helen Moloney, HSE South, Reception,
Áras Sláinte, Wilton Road, Cork. T12 XRRO**
Queries can be sent by email to: Helen.Moloney1@hse.ie

**Please note that incomplete forms or forms without the original Supplier's invoice being attached,
cannot be processed and will be returned to the employee. The invoice must have the V.A.T.
amount displayed separately and included in the total cost.**

**Closing date for receipt of applications for the Cycle to Work Scheme is
*31st October of year of purchase.***