Payroll Use Only – Employee Number

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| **MP’s Name** |  |  | **Constituency** |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Details:** | | | |  | | | | | |
| Title |  | | First Name | |  | | Last Name | |  |
| Address |  | | | | | | | | |
|  |  | | | | | Postcode | | |  |
| Contact Phone Number | |  | | | |  | | |  |
|  | | £ | | | |  | | |  |
| Cost of Bicycle | |  | | | |  | | |  |
| Amount of Loan Required  Period of repayment  (max 12 months) | | £ | | | |  | |  | |

**Terms and Conditions:**

* The staff member must purchase a bicycle at a cost equal to, or greater than the loan advanced
* The loan must be recovered by salary deduction over a maximum of 12 months of being advanced
* A loan will not be advanced while any part of a previous bicycle loan remains
* IPSA reserves the right to request proof of purchase
* The bicycle must be used for bona fide travel to and from work/station
* Staff member must have completed their probation

***Note: Amendments must be received before the 15th of each month. If the 15th falls on a weekend then the payroll cut-off is the previous working day.***

**Please email this signed form to** [**payroll@theipsa.org.uk**](mailto:payroll@theipsa.org.uk)

**Alternatively please send it to IPSA, 2nd Floor, 85 Strand, London, WC2R 0DW.**

**If you have any questions about completing this form, please call 020 7811 6400 / Option 2**

**Authorisation and Declaration**

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| --- | --- |
| * I hereby agree to repay the above loan in equal monthly instalments as requested, which will be deducted from my salary. * In the event of my employment ending, I agree to repay any outstanding balance of the loan on, or before, my last salary payment.   Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * I authorise IPSA to advance the above sum to my employee in respect of a bicycle loan and to be repaid in equal monthly instalments following this advance. * In the event the loan is not repaid in full, I understand that the outstanding balance may be recovered from my staffing budget.   MP’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Data Protection**  IPSA collects and processes personal information about you to exercise its statutory functions, to provide you with the services you have requested and where it is in our legitimate interests to do so. We will only use the information you provide on this form for the purposes set in the form and in any relevant related guidance to provide you with the services you have requested, to exercise our statutory functions or where we are otherwise required by law.  We may disclose information to third parties where it is fair and lawful to do so, while respecting your privacy rights. Information about how we use and protect your personal information, and your data protection rights is set out in the IPSA Privacy Notice available on our [website](https://www.theipsa.org.uk/about-us/privacy/). You can contact us by email to [privacyrights@theipsa.org.uk](mailto:privacyrights@theipsa.org.uk) or by post to IPSA, 2nd Floor, 85 Strand, London, WC2R 0DW.  **Freedom of Information**  Information held by IPSA may be disclosable under the Freedom of Information Act 2000. Information about the Act for MPs and their staff is available on the IPSA [website](https://www.theipsa.org.uk/ipsa-for-mps/guidance/ipsa-and-the-freedom-of-information-act/). |

**Payroll use only**

**Keyed by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Checked by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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