



ASSOCIATION OF BRITISH RIDING SCHOOLS

Equitation and Stable Management Tests

Tester Registration

PERSONAL DETAILS

Title: Mr / Mrs / Ms / Miss / Other (please state)

Surname: Previous Surname:

Forenames:

Address:

.....

..... Postcode:

Home phone: Work phone:

Email address:

Are you (or have you been) the proprietor of an ABRS Member School? Yes/No

Are you (or have you been) employed at an ABRS Member School? Yes/No

Name of School:

Are you a member of any other BEF Discipline? Yes/No Number:

Name of Discipline:

QUALIFICATIONS

Equine specific qualifications	Date Achieved
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Other qualifications, including Assessor awards	Date Achieved
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