



Association of British Riding Schools

Queens Chambers, 38-40 Queen Street, Penzance, Cornwall TR18 4BH

Tel: Penzance 01736 365777 or 369440

Fax: 01736 351390 : Email: office@abrs-info.org

APPLICATION FORM

Preliminary Horse Care Level 1 & 2

Please attach
a Passport size,
authenticated photo

Please tick as applicable

Full certificate

Horse Care only

Riding only (only if Horse Care has already been passed)

TITLE: SURNAME: FORENAMES:

DATE OF BIRTH: (must be aged 16 or over)

HEIGHT: WEIGHT:

HOME TEL: WORK TEL:

E-MAIL ADDRESS:

PERMANENT ADDRESS:

.....

..... POSTCODE:

ADDRESS to which correspondence/results should be sent if different from above

.....

..... POSTCODE:

PREREQUISITE for 'Riding only' exam:

Please tick if applicable

PHC Level 1 & 2 'Horse Care only' Certificate photocopy to be included

Examination Centre and date applied for:-

1st Choice:

2nd Choice:

Cheque enclosed for £

I understand that if I cancel, the fee, less administration charge, is returnable up to 4 weeks before the examination date, after which it is forfeit. See syllabus for full cancellation information.

I understand that I will not receive results on the day of the examination and that the examiners' decision is final.

SIGNATURE OF APPLICANT:

PTO

PLEASE READ AND SIGN THE FOLLOWING

This is to certify that I take the Examination at my own risk and that, in the event of receiving any injury, I have no claim against the Association of British Riding Schools or the Examination Centre and that the details given above are correct. I also confirm that I have experience in, or have trained to, the standard specified for the examination.

SIGNED: **DATE:**.....

WITNESSED: (trainer/employer/proprietor)

ADDRESS:
.....
.....

**N.B. The passport photograph must be verified on the reverse
'I confirm this is a true likeness of'
and signed by their trainer or another professional person i.e. doctor, clergyman, bank manager.**

Please give details of any permanent/temporary disability and enclose a doctor's note.

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