



# Association of British Riding Schools

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

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## APPLICATION FORM

### Preliminary Horse Care Level 1

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 'Horse Care only' Certificate photocopy to be included

Examination Centre and date applied for:-

1<sup>st</sup> Choice: .....

2<sup>nd</sup> 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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