

# CANDIDATE REGISTRATION FORM CERTIFICATE IN COACHING



Equestrian Qualifications GB Ltd  
c/o BHS, Abbey Park  
Stareton Lane, Kenilworth  
Warwickshire  
CV8 2XZ  
Tel: 02476 840500  
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Please tick the relevant box for the Level of entry  
and the specialist Coaching Qualification

Level 1	<input type="checkbox"/>	Riding	<input checked="" type="checkbox"/>
Level 2	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Level 3	<input type="checkbox"/>	Vaulting	<input type="checkbox"/>

Please state below the discipline/pathway in which  
assessment is to take place, if other than generic

Showjumping	<input type="checkbox"/>	Western Riding	<input type="checkbox"/>
Dressage	<input type="checkbox"/>	Horseball	<input type="checkbox"/>
Eventing	<input type="checkbox"/>	Polocrosse	<input type="checkbox"/>
Endurance	<input type="checkbox"/>	Mounted Games	<input type="checkbox"/>
RDA	<input type="checkbox"/>	Riding Racehorses	<input type="checkbox"/>
Reining	<input type="checkbox"/>	Coaching Jockeys	<input type="checkbox"/>

For Office use only:

Date Received:

Paid:

By:

Centre No:

Candidate No:

Certificate Issued:

Dated:

Certificate Number:

Cert. Fee:

## Candidate Details:-

Title: Mr / Mrs / Ms / Miss / Other \_\_\_\_\_

Surname: \_\_\_\_\_ Forename/s: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Candidate ULN: \_\_\_\_\_

Are you a member of a BEF Discipline **Yes / No** Name of Discipline: \_\_\_\_\_

Member Body Number: \_\_\_\_\_ Have you been a member of the BHS **Yes / No**

Previous Surname: \_\_\_\_\_

**Please continue overleaf**

**Candidate details continued:-**

**Ethnic Origin, please tick relevant box:-**

- White, UK heritage
- White, European
- White, other (known)
- White, type not known
- Black, Caribbean heritage
- Black, African heritage
- Black, other
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other (known)
- Prefer not to say

**What nationality are you?**

- British
- European Union
- Non EU
- Not known

Do you have a learning disability **Yes / No**

If Yes, please give details:- \_\_\_\_\_

\_\_\_\_\_

Do you have any physical disabilities **Yes / No**

If Yes, please give details:- \_\_\_\_\_

\_\_\_\_\_

Do you have any special assessment requirements **Yes / No** If yes, please give details:-

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language(s) in which assessment is undertaken: \_\_\_\_\_

**Centre Details:-**

Centre Name: **Association of British Riding Schools**

Name of Assessment Location (if known): \_\_\_\_\_

**The collection of the above information is required by Governing and Awarding bodies for statistical and analytical purposes.**

If successful your name, qualifying date and the region where you live will appear on the BEF's List of Coaches on their web site. If you would prefer that your name does not appear on the website, please put a cross in the box.

**THIS FORM MUST BE SIGNED: This is to certify that I enter for this qualification at my own risk, that in the event of my receiving an injury I have no claim against Equestrian Qualifications GB Ltd.**

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_