



# ASSOCIATION OF BRITISH RIDING SCHOOLS

## EXAM REGISTRATION

REGISTRATION FOR: (please tick)

Initial Teaching Award

Teaching Certificate/UKCC 2

Advanced Teaching Diploma

Preliminary Horse Care 1

Preliminary Horse Care 2

Grooms Certificate

Grooms Diploma

Full certificate

Care only

Riding only

Full certificate

Care only

Riding only

Full certificate

Care only

Riding only

### CANDIDATE DETAILS:

TITLE: ..... SURNAME: ..... FORENAMES: .....

DATE OF BIRTH: .....

DAYTIME PHONE: ..... MOBILE PHONE: .....

E-MAIL ADDRESS: .....

PERMANENT ADDRESS: .....

.....

POSTCODE: .....

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

.....

POSTCODE: .....

**EXISTING QUALIFICATIONS:** Please give details of any of the following certificates that you already hold or are due to complete. If you hold more than one in any group please give details of the highest level held and/or being worked towards. You do not need to send copies at this stage.

	<u>Details</u>	<u>Date</u>
ABRS Progressive Rider Tests	.....	.....
ABRS Grooms Exams	.....	.....
ABRS Teaching Exams	.....	.....
BHS Stages or Teaching	.....	.....
NVQ Horse Care (inc Riding)	.....	.....
Pony Club	.....	.....
First Aid Certificate	.....	.....
Riding & Road Safety Certificate	ABRS/BHS/Pony Club	.....
Safeguarding Children Workshop	BEF/Sports Coach UK/NSPCC	.....

**Overseas or College equivalents of any of the above** Please enclose an outline of the content of the courses or examinations on a separate sheet of paper.

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**TRAINING:** Please outline your experience and training for this examination including details of any ABRS centres you have worked or trained at within the past 12 months and the names of any trainers in that year.

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**EXAMINATION CENTRE:**

**1<sup>st</sup> Choice:** ..... **2<sup>nd</sup> Choice:**.....  
.....

**DATES:** Please give an estimate of the earliest date that you will be ready to take this exam and details of any dates when you know you will not be available.

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**Do you have a learning disability? Yes/No** If Yes please give details.....

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**Do you have any physical disabilities? Yes/No** If Yes please give details and enclose a doctor's note .....

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**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.
- All details given on this form are correct.
- I have experience in, or have trained to, the standard specified for the examination.
- I enclose a cheque for £50 and agree to pay the balance of the examination fee once I have been offered an examination date.
- I understand that if I withdraw before an examination date has been offered the registration fee (less an administration charge) may be refunded. If I withdraw after this time the registration fee will be forfeit.
- I understand that I will not receive results on the day of the examination and that the examiners' decision is final.

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

**WITNESSED BY** (please PRINT)..... (trainer/employer/proprietor)

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

**ADDRESS:** .....

..... **POSTCODE:** .....