

# INSTRUCTOR/ESCORT DETAILS FORM

Name of Equestrian Centre

## PERSONAL DETAILS

Name:

Address:

  
  

Postcode:

Date Joined Yard:

Home Telephone:

Mobile:

Next of Kin

Name:  Tel:

### SUMMARY OF EQUESTRIAN EMPLOYMENT/EXPERIENCE

Employment/Experience – use another sheet if necessary	Dates	Referees:	Tick/initial each to confirm Checked

Number of years riding experience: ..... Number of teaching experience: .....

BHS/ABRS qualifications & dates gained\*: .....  
 (\*MUST BE COMPLETED)

Other relevant qualifications: .....

CAPABILITIES	Yes/No	If no, why not?	Date	Assessor	Signed
Assisting on an escorted hack	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Leading a hack	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Teaching a flatwork lesson	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Teaching a jumping lesson	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Teaching children under 12	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Teaching disabled riders	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Teaching a lunge lesson	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Teaching a lead rein lesson	Yes <input type="checkbox"/> No <input type="checkbox"/>				

DATA PROTECTION ACT 1998: Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998, but may also be available to Insurers and other parties in the event of any injury or incident.

Signed: ..... Dated: .....

Print Name: .....