

Registered Offices

The British Horse Society  
Stoneleigh Deer Park  
Kenilworth  
Warwickshire  
CV8 2XZ

Limited liability  
Registered No. 444742 England



The British Horse Society  
Registered Charity Nos. 210504  
and 5008516

Tel: 0844 848 1666  
Tel: 01926 707700  
Fax: 01926 707800  
Email: [enquiry@bhs.org.uk](mailto:enquiry@bhs.org.uk)  
Website: [www.bhs.org.uk](http://www.bhs.org.uk)

**IMPORTANT: PLEASE READ BOTH SIDES CAREFULLY**

**Application forms that are incomplete or without payment will be returned.**

**PLEASE PRINT CLEARLY AND IN INK, THE NAME YOU WISH TO APPEAR ON THE CERTIFICATE.**

Mr/Mrs/Ms/Miss

DOB   /   /   (Minimum Age 12 Yrs. Maximum age 70)

**(CERTIFICATES WILL NOT BE ISSUED UNLESS COMPLETE ADDRESSES INCLUDING POSTCODES ARE PROVIDED)**

**CONTACT ADDRESS eg: College address**

**HOME ADDRESS (MUST BE COMPLETED)**

Post Code

Post Code

DAYTIME CONTACT Telephone Number

BHS/RC Membership number

**I have received/will be receiving the minimum recommended road safety training and understand that I cannot be examined by the person who has trained me. Should this happen my Riding & Road Safety qualification is likely to be withdrawn.**

Training Dates

No of Hours (Total)  Training Venue  County

Date of Test       Venue

**APPLICATIONS MUST BE SUBMITTED TO THE SAFETY OFFICE NO LATER THAN 21 DAYS BEFORE THE TEST DATE**

*Applications received within the 21 days prior to test date will be subject to a £10 late fee.*

**Applications received within 5 working days prior to the test date will NOT be accepted.**

**CANDIDATES FROM SOUTHERN IRELAND SEE BOTTOM OF NEXT PAGE**

JAN 09

**PLEASE READ CAREFULLY BEFORE YOU SIGN**

Date of Test (2<sup>nd</sup> Choice)

Venue  County

- I confirm that the test centre know I wish to take the test on this date.
- I will not be taking the test on my own horse.
- I have made arrangements to hire/borrow a horse privately/from the centre.

Signed

(applicant or parent/guardian if applicant is under 16 years of age)

COST OF TEST – BHS members, RC members 16's and under £34 Non-member £44

*PLEASE TICK HERE IF YOU WISH TO HAVE YOUR CERTIFICATE SENT BY RECORDED DELIVERY AND ADD £2 (non-refundable) TO THE TEST FEE. (Not Available for Eire)*

I enclose a cheque for £

MADE PAYABLE TO – BRITISH HORSE SOCIETY (PLEASE DO NOT SEND CASH)

OR  
Please debit my VISA/MASTERCARD/SWITCH card for £   
(delete as applicable)

CARD NO:

SECURITY CODE:    Expiry Date:

Valid from Date (Switch only)     Issue Number (Switch only) :

Cardholder's signature

Print name

Candidates who withdraw from a test due to injury or illness should send a Medical Certificate to the Safety Office no later than 21 days after the test date, the candidate may then transfer to a later date or request a full refund. Candidates who withdraw within 21 days prior to the test date for any other reason must inform the Safety Office and any refund will be subject to a 50% administration charge. Candidates wishing to transfer within the 21 days prior to their test date for any other reason will be charged a £10 transfer fee.

*Please return this form together with payment to:*

**SAFETY DEPARTMENT  
BRITISH HORSE SOCIETY  
STONELEIGH DEER PARK  
KENILWORTH CV8 2XZ**

**Telephone : 01926 707782  
Fax : 01926 707800  
Email: safety@bhs.org.uk**

From 1 August 2005, any grievance arising as a result of a Riding & Road Safety Test will be dealt with by an independent moderator. All grievances must be made in writing and accompanied by a fee of £40, which will be refunded if upheld. Grievances must be received within four weeks of the date of the examination

**Candidates applying for Riding & Road Safety Tests being held in Southern Ireland please note:  
Applications MUST be received in the BHS Safety Department NO LATER than 21 days prior to the test date.**

# BHS RIDING & ROAD SAFETY TEST

## Reasonable Adjustment Form

**The Safety Office must receive documentation in respect of an injury/disability at least 3 weeks before the intended test date. If you are unable to submit the documents in time, please contact the Safety Office immediately.**

**PLEASE DO NOT RETURN THIS FORM UNLESS YOU HAVE AN INJURY OR DISABILITY YOU WISH TO BE TAKEN INTO CONSIDERATION.**

**To fulfil the requirements of the test, you must be able to perform all of the required tasks showing an adequate level of competence.**

### 1. CANDIDATE DETAILS.

<b>Surname</b>		
<b>First name(s)</b>		
<b>Date of birth</b>		
<b>Address</b>		
<b>Telephone number</b>	<b>Home</b>	<b>Mobile</b>
<b>E-mail address</b>		
<b>Test Centre</b>		
<b>Test Date</b>		
<b>Where have you been training?</b>	Give details (your trainer, if applicable, may be contacted if necessary)	

### A. PHYSICAL

Continue on separate sheet if required

<b>Eyesight</b>	Do you have any problems with your eyesight?	Please state:
	Do you wear glasses or contact lenses?	
<b>Speech</b>	Do you have any problems with your speech?	Please state:
<b>Hearing</b>	Do you have any problems with your hearing?	Please state:
	Do you wear a hearing aid? Do you require a signer?	
<b>Mobility</b>	Do you need help with walking?	Please state:
	Do you use any walking aids?	Please state:
	Do you wear orthopaedic appliances?	Please state:
	Would weight bearing, or weight carrying be a problem?	Please state:
<b>Any other relevant information</b>	Do you suffer from any problems such as: Allergies, asthma, diabetes, epilepsy, hyperventilation under stress etc.	Please state:

**B. LEARNING DIFFICULTIES**

Continue on separate sheet if required

<p><b>Do you suffer from any form of specific learning difficulty that might require special assistance?</b></p>	<p>Examples could be ADHD, dyslexia, and dysphasia. Autistic spectrum. Tourettes. Dyspraxia.</p>	<p>Please state:</p>
<p><b>Instructions</b></p>	<p>Do you have difficulty understanding or completing simple instructions?</p>	<p>Please state:</p>

**If the above information is to be considered relevant by the examining team, we need ratification in the form of a signed letter from either your Doctor (Section A) or a statement from College / School (Section B), or from your parents.**

Continue on separate sheet if required

<p><b>What assistance would be of help to your performance?</b></p> <p><b>We wish to make your day as straight forward as possible.</b></p>	<p>Examples could be that a written test could be done verbally, or more short breaks between sections could be included. Working in smaller groups.</p>	<p>Please state:</p>
<p><b>If you are bringing any special equipment please let us know.</b></p>	<p>Examples could be special stirrups/reins.</p>	<p>Please state:</p>

**The above information is considered confidential and is for the use of BHS Safety Examining personnel only.**

**DECLARATION**

I confirm that the above information is correct, and I agree that my medical professional(s) may disclose details of my medical history, which will assist the examiners.

In the absence of any negligence on the part of the BHS or the test centre, I accept that no liability will attach to either of them.

Signature.....Date.....G/safety/te  
st/medical questionnaire January 2007