

Instructor/Escort Details Form



Name of Equestrian Centre: _____

Personal details

Name: _____ Date joined yard: _____

Address: _____

_____ Postcode: _____

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 years' 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: _____