BHS Approved Centre Application Form



Name	of Centre:	
Addre	SS:	
		Post Code:
Daytin	ne Telephone:	Mobile No:
Email:		Website:
Corrosn	andones address if different from	a abovo
_	oondence address if different fror	Tabove
Addre	SS:	
Post C	Code:	
Proprie	tor Information	
The pro	prietor is the person who owns t	he business and has overall responsibility for the running of the
		n the Agreement between the centre and the BHS. The proprietor will
receive	the Gold membership, or they ca	n nominate another individual linked to the centre to receive it.
Title: I	Mr/Mrs/Ms/Other (please compl	ete)
First N	lame:	Surname:
Date o	of Birth:	
Name	(s) of other proprietor/business p	artner(s):
Catego	ries you wish to apply for (please	tick all that apply)
	Riding Centre	
	Livery Yard	
	Retraining Centre	
	Trekking Centre	
	Facility Centre	

Data Protection: Your information is protected under current data protection regulations. We keep your data safe and only process that which is necessary in order to deliver our service. We will not share your personal information with third parties unless you give us permission to do so. However, in certain circumstances, The British Horse Society may be legally required to share certain data held by us, which may include your personal data, for example, where we are involved in legal proceedings, where we are complying with legal obligations, a court order, or a governmental authority. You can view our Privacy Policy on our website at: bhs.org.uk/privacy or by emailing dataprotection@bhs.org.uk.

Safeguarding:

If you require further information about Safeguarding provision within your centre, or assistance with applying for a DBS check please contact the safeguarding team on 02476 840746 or safeguarding@bhs.org.uk

We require all BHS Approved Centres to adhere to the BHS Safeguarding Policy, the full policy can be

If you do not have any Under 18's on site please fill in the declaration below:

	www.bhs.org.uk/safeguardingchildren The centre listed above does not clients, staff or volunteers, who are under the age of 18. I agree to ald the situation change.
Print Name:	Signed:
Date:	
must have a Safeguarding and Protect	n site it is compulsory to have a Centre Safeguarding Officer. This personing Children Certificate. If these were issued by the BHS please include will be required with your application. Please write all information in
Name of centre Safeguarding Officer	: Date Of Birth:
Date of Safeguarding Course:	Venue:
Self Declaration – to be signed by the	Proprietor
	nildren's Services department of Police as being a risk or potential ease provide further information below
	ciplinary investigation and/or sanction by any organisation due to irds children? Yes/No (if yes please provide further information below)
Do you have any current or 'unspent information below)	' criminal convictions? Yes/No (if yes please provide further

	I agree that the information provided here may be processed in connection with the BHS Approved
	Centre scheme and I understand that Approval may be withdrawn or disciplinary action may be
	taken if information is not disclosed by me and subsequently come to the organisation's attention.
	In accordance with the organisation's procedures if required I agree to provide a valid DBS
	certificate and consent to the organisation clarifying any information provided on the disclosure
	with the agencies providing it.
	I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency
	or organisation in relation to concerns about my behaviour towards children or young people.
	I understand that the information contained on this form, the results of the DBS check and
	information supplied by third parties may be supplied by the organisation to other persons or
	organisations in circumstances where this is considered necessary to safeguard children.
Print Na	ame: Signed:
Date:	
<u> </u>	
First Aid	

For **Riding and/or Trekking Centre** Approval it is compulsory to have one trained first aider present when teaching is taking place. Either the **BHS First Aid Course** or **First Aid at Work** are acceptable courses. If you have done the BHS course please fill in the details below, if not copies of certificates will be required with your application.

e:		
Name of optional additional First Aider:		
e:		

Please list details of yard manager, coaching staff and those responsible for the supervision of clients on the form overleaf

BHS Approved Centre Staffing List

Staff Name	Date of Birth	BHS Membership No?	Employed FT/PT Self- employed?	Equine Qualification(s)?	Member of APC?	First Aid Expiry Date?	DBS/Access NI/Disclosure Scotland/ Garda Issue Date?	Safeguarding Course Issue Date?

Operational Details

Has planning perm	ission been grant	ed for th	ne business? Yes,	/No		
How long has the business been operational?						
How many horses are on the premises?						
It is a requirement Please include a co	* *			ity Insurance	to a mii	nimum of £2 million.
It is a requirement Please include a co	_		=	es hold a licen	ce fron	n the Local Authority.
How long has the b	ousiness been ope	erating w	vith a licence?			
How many horses a	are on the riding s	school lie	cence?			
Facility Details						
Arenas						
Arenas: Indoor/Ou	tdoor	Size:		Surface:		
Lighting: Yes/No	Seating: Yes/No	-	Judges Box: Yes/N	lo		
Additional arenas:	Indoor/Outdoor		Size:	Sı	ırface:	
Lighting: Yes/No	Seating: Yes/No		Judges Box: Yes/N	lo		
Additional arenas:	Indoor/Outdoor		Size:	Su	ırface:	
Lighting: Yes/No	Seating: Yes/No		Judges Box: Yes/N	lo		
Are there showjump	s available? Yes/	No				
Are there cross-cour	ntry fences availab	ole? Yes	s/No			
Are hacks and ride o	ut's available? Ye	es/No				
Grazing						
Is grazing available	? Y/N					
How many acres ar	e available for gra	azing?				
Livery Services						
If livery is offered as		ision ple	ease indicate whic	h services are	provid	ed for
☐ Working L	ivery		DIY Livery			Part Livery
☐ Full Livery			Retirement Live	ery		Other (please specify)

Application Declaration

- I understand that by submitting this application my centre will be ready for inspection within **three months** of receipt of application in the BHS Approvals office
- I understand that the centre will be inspected in line with the BHS Approved Centre Criteria and that to the best of my knowledge all aspects of the criteria will be met at the time of the inspection.
- I understand that any further inspections required prior to BHS Approval being granted may be charged for by the BHS.
- I understand the business must be fully operational for a minimum of **12 months** prior to application for BHS Approval.

•	I have ii	ncluded the following documentation with my application
		Public Liability insurance certificate with a minimum of £2 million coverage
		Local Authority Licence (Riding school/Trekking centre only)
		A copy of the DBS Check and Safeguarding Certificate for the Centre Safeguarding Officer
		if these were not done through the BHS.
		A copy of any first aid certificates if a non-BHS course was attended
		A current staff list
		A cheque for the application fee of £180.00. (Alternatively payment can be arranged by
		Bank Transfer or credit/debit card. The BHS office will contact you on receipt of
		application to arrange this. The application fee is non-refundable.
Name:		Signature:
Date:		