

Accredited Professional Coach Participation Form



Accredited Professional Coach (APC) Name:

APC's BHS Membership No:

APC's E-mail and Contact details:

Centre Name:

Centre Address:

.....

Type of Course (Essential Horse Knowledge Certificate / Progressive Riding Test or other):

.....

Start date of course(s): End date of course(s):

Number of Participants:

Would you be interested in running any of the following courses in the future?

Essential Horse Knowledge Certificate

Progressive Riding Test

Riding School Assistant Helper Certificate

Training for Stage Examinations

Other (Please specify)

Please note that any paperwork is copyrighted to The British Horse Society and should not be copied or distributed.

Contacting you

Your privacy is important to us. We record and use your information for the purposes of running and administering educational courses. We'll always keep your details secure and will only contact you regarding Participation and the Recreational offers that may be of interest to you.

I'm happy to hear from you about things I might like by:

Email Yes No **Phone** Yes No

Signed: Date:

You can change these preferences at any time by emailing contactpreferences@bhs.org.uk For further details see <http://www.bhs.org.uk/privacy>

Please return to: Approvals Department, The British Horse Society, Abbey Park, Stareton, Kenilworth, Warwickshire, CV8 2XZ
COACHF/V1/0719