

Name of Equestrian Centre .....

## INSTRUCTOR / ESCORT DETAILS FORM

### PERSONAL DETAILS

Name: ..... Date Joined Yard: .....

Address: ..... Home Telephone: .....

..... Mobile: .....

.....

### SUMMARY OF EQUESTRIAN EMPLOYMENT / EXPERIENCE

Employment / Experience	Dates	Referee

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

BHS / ABRS qualifications and dates gained: .....

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"/>				

Signed: ..... Date: .....

Print Name: .....