



CLINIC REGISTRATION FORM

ABN 44 215 962 886
Box 1190
STRATHALBYN SA 5255

PARTICIPANT NAME: _____ Date of Birth: ____/____/____

ORGANIZATION (if Applicable): _____

POSTAL ADDRESS: _____

SUBURB: _____ POSTCODE: _____

MOBILE: _____ EMAIL: _____

INVOICE MADE OUT TO: (Please Tick)

Name of Participant (Self) Organization Other: _____

Date and Locations (More VIC option to come)		
PREFERENCE IN ORDER (1-6)	LOCATIONS	DATES
	Kiah Park, Gympie QLD	24 th Mar – 29 th Mar 2024
	The Riding Patch/Glenbarr Strathalbyn SA	21 st Apr - 26 th Apr 2024
	Billabong Ranch, Echuca VIC	16 th Jun - 21 st Jun 2024
	Teen Ranch, Cobbitty NSW	28 th Jul – 2 nd Aug 2024
	Teen Ranch, Cobbitty NSW	27 th Oct - 1 st Nov 2024
	Kiah Park, Gympie QLD	10 th Nov - 15 th Nov 2024

PLEASE TICK THE QUALIFICATIONS YOU WILL BE SEEKING:

<input type="checkbox"/>	Trail Guide <u>only</u>
<input type="checkbox"/>	Instructor of horse handling <u>only</u>
<input type="checkbox"/>	Riding Instructor <u>only</u> (levels: Introductory, General and Senior)
<input type="checkbox"/>	Riding Instructor (all levels) and Trail Guide

Dietary needs: None I have the following dietary needs**:

**additional charges may apply

Weight range: (for allocation of horses) <60 kg 60-80 kg 81-100 kg > 100 kg

Where did you hear about us?

Website Word of Mouth Employer Other.....

Direct debit details: -

Account Name: Horse Safety Australia

Bank: Bendigo Bank

BSB: 633 000

Account No: 161 446 406

Deposit Amount: \$800 (Please Use your *surname as a reference* with your payment).

Are you currently employed as an instructor or trail guide?
if **yes** where and for how long?

Please circle

YES NO

Have you instructed professionally?
If **yes**, when, how long for and at what level?

YES NO

Have you had any professional trail riding experience?
If **yes**, when and where?

YES NO

Have you had any recreational trail riding experience?
If **yes**, when and where? Please give some details.

YES NO

Do you have any teaching or instructing experience in any other field?
Please give details:

YES NO

Have you ever had riding lessons?
If **yes**, when, where, and with whom?

YES NO

Are you currently having riding lessons?
If **yes**, where, for how long and with whom?

YES NO

What has your general experience with horses involved?

Horse handling:

Riding experience:

(type, how long in total and when)

Owned horses:

Equine related training/qualifications received (formal or in-house)

Horse related competing you have been involved in

Discipline(s) that you have been and/or are currently involved with

Highest level of education completed: (School or post-school/tertiary level.)

Why are you seeking these qualification/s?

Do you have any other formal qualifications in any field? Please give details.

HAVE YOU HAD EXPERIENCE (MORE THAN 10 TIMES) WITH*:**

- HOOF CARE - GENERAL CARE & CLEANING
- WORMING HORSES
- ADMINISTERING INJECTIONS – INTRAMUSCULAR/SUBCUTANEOUS
- TRANSPORTING HORSES -TRUCK/FLOAT, LOAD & UNLOAD

***** Please note that you must have had experience with the above to receive a final qualification*****

ARE YOU ABLE TO REMOVE A LOOSE SHOE? YES NO