



# CLINIC REGISTRATION FORM

ABN 44 215 962 886  
Box 1190  
STRATHALBYN SA 5255

PARTICIPANT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

ORGANIZATION (if Applicable): \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ 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 <sup>th</sup> Mar – 29 <sup>th</sup> Mar 2024
	The Riding Patch/Glenbarr Strathalbyn SA	21 <sup>st</sup> Apr - 26 <sup>th</sup> Apr 2024
	Billabong Ranch, Echuca VIC	16 <sup>th</sup> Jun - 21 <sup>st</sup> Jun 2024
	Teen Ranch, Cobbitty NSW	28 <sup>th</sup> Jul – 2 <sup>nd</sup> Aug 2024
	Teen Ranch, Cobbitty NSW	27 <sup>th</sup> Oct - 1 <sup>st</sup> Nov 2024
	Kiah Park, Gympie QLD	10 <sup>th</sup> Nov - 15 <sup>th</sup> 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 tick

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