



**Yes, I am interested in attending a Horse Safety Australia clinic in 2025**

**General Information:**

CONTACT NAME: \_\_\_\_\_

ORGANISATION (if any): \_\_\_\_\_

How many people from your organisation are interested? \_\_\_\_\_

ADDRESS (Postal): \_\_\_\_\_ STATE: \_ \_ \_ POSTCODE: \_ \_ \_ \_

MOBILE PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you willing to travel interstate if these clinic dates suit you better? (please tick)

**YES**                       **NO**

I am willing to travel to (please tick):

**QLD**             **SA**             **NSW**             **VIC**             **WA**

**Your Teaching Area in the Horse Industry:** (Please tick areas that apply to you)

**Teaching Riding**  
(Rider ongoing Education)

**Teaching Riding in the Open**  
(Mustering or similar activities)

**Teaching Riding Lessons to Individuals:**

**Running Horsemanship Clinics**

Level of Clients:    Beginner           

                          Intermediate       

                          Experienced       

**Teaching Horse Handling Only**  
(No Riding Components/ Includes EAL)

**Teaching Riding Lessons to Groups:**

**Trail Riding:**

Level of Clients:    Beginner           

                          Intermediate       

                          Experienced       

Longer/Multiday Rides           

Short Rides / Single Experience

Post to: Horse Safety Australia Inc, Box 1190, Strathalbyn 5255 or email to [admin@horsesafetyaustralia.com.au](mailto:admin@horsesafetyaustralia.com.au)

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