

TREKKING AND RIDING SOCIETY OF SCOTLAND

Examination Registration Form

DATE OF EXAM _____ VENUE _____

Please tick

Centre Operator Senior Ride Leader Ride Leader

DETAILS OF APPLICANT

NAME _____ **TRSS member** **YES / NO**

ADDRESS _____

_____ **TELEPHONE** _____

POST CODE _____

DATE OF BIRTH _____ **OR OVER 25**

HEIGHT _____ **WEIGHT** _____

EMERGENCY CONTACT NAME AND TELEPHONE NUMBER _____

HEALTH OR INJURY INFORMATION THAT MAY AFFECT ABILITY TO RIDE

FIRST AID CERTIFICATE **YES / NO** **DATE RECEIVED** _____

(to be produced on course)

RIDING AND ROAD SAFETY **YES / NO** **DATE RECEIVED** _____

(to be produced on course)

QUALIFICATIONS (Pony Club, TRSS, BHS, ABRS etc)

1. _____ **Date** _____

2. _____ **Date** _____

3. _____ **Date** _____

4. _____ **Date** _____

PREVIOUS COURSES ATTENDED

1. _____ **VENUE** _____ **DATE** _____

2. _____ _____ _____

3. _____ _____ _____

4. _____ _____ _____

WORK EXPERIENCE

PRESENT POSITION _____

DATE STARTED _____

EMPLOYERS ADDRESS _____

TELEPHONE _____

DETAILS OF DUTIES AND RESPONSIBILITIES

PREVIOUS POSITION _____

DATES _____

ADDRESS _____

DETAILS OF DUTIES AND RESPONSIBILITIES

PREVIOUS POSITION _____

DATES _____

ADDRESS _____

DETAILS OF DUTIES AND RESPONSIBILITIES

OTHER RELEVANT INFORMATION (attendance at TRSS training centre, foreign language etc)

I HEREBY CERTIFY THAT I ATTEND THIS EXAMINATION AT MY OWN RISK AND IN THE EVENT OF DAMAGE OR INJURY I HAVE NO CLAIM AGAINST TRSS

I ACCEPT THAT THE DECISION OF THE ASSESSORS IS FINAL

SIGNED

DATE

Candidate Pass/Fail

Certificate No.

Date Exam passed.

Examiners Name.