

Annex A

Pre-Licence Skills & Fitness Assessment

Application Form

Personal Details			
Last Name:		First Name:	
Address:			
Postcode:		NI Number:	
Home Telephor	ne Nº:	Mobile Nº:	
*Weight:		Gender:	
Date of Birth:		Age:	
E-mail address: * Please note that joining instructions will be sent by E-mail so it is important you fill out the e-mail address			
Assessmen	it Date (please tick o	date applicable)	
BRS	NRC		
□ - 23 Mar 17			l - xx xxx 17
□ - 3 May 17 □ - 2 Oct 17			I - xx xxx 17
□ - 2 Oct 17 □ - 16 Oct 17			- xx xxx 17 - xx xxx 17
□ - 6 Dec 17			- xx xxx 17
□ - 8 Jan 18			-xx xxx 17
* = Subject to ava available date and	ilability. If there is no available I informed by email.	space you will be automatica	ally booked on to the next
Licence Re			
Please indicate which licence you will be applying for:			
Apprentice	Conditional		



Present Employment
Name of Employer:
Address:
Postcode:
Tel No:
Length of time in current employment:
Career History
Have you previously attended any courses connected to Racing? Yes
If yes, please indicate type of course
Date attended
Training Centre Please indicate British Racing School (BRS) or Northern Racing College (NRC), if other please specify
Have you achieved or are working towards a Level 2 Workbased Diploma in Racehorse Care?* Yes No
*Note: This is a mandatory requirement for attendance on a licence course for those under the age of 19.
Riding Experience
Please give a brief summary:
Employer Statement of Support
Please give a brief outline of the above candidate's ability on each of the following disciplines. (You need to have witnessed each at least five times).
Jumping out of stalls

