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| Form No: | **IMS-F-021** | Version no: | V20220321 |
| Issued 2013-0602 | **Reviewed 20220321** | Authorised by: | Director Communications & Marketing |

**PAYMENT FEE MUST ACCOMPANY THIS APPLICATION**

*Once an Accreditation Course Participant Application has been submitted and the fee has been paid, the fee is non-refundable should the individual elect not to attend the course. However, the ATHRA board may, in its absolute discretion and upon written submission from the individual or their club, decide to refund all or part of the fee where the circumstances of the non-attendance are entirely outside the control of the individual (such as the death of a family member).*

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| **ACCREDITATION COURSE DETAILS** | | | | | | | | | | | | | | | | |
| **Venue** |  | | | | | | | | | | | | | | | |
| **Course Dates** | **Day 1** | | |  | | | | **Day 2** | | |  | | | | | |
| **Host Club** |  | | | | | | | | | | | | | | | |
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| **APPLICANT’S DETAILS** | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | | | | |
| **Postal Address** |  | | | | | | | | | | | | | | | |
| **Contact Phone Numbers** | | | **Mobile** | |  | | | | **Other** | | | |  | | | |
| **Email Address** |  | | | | | | | | | | | | | | | |
| **Applicant’s Club** |  | | | | | | | | | | | | | | | |
| **Current First Aid Certificate** *(optional, tick box)* | | | | | | **Yes** | | | |  | | | | **No** | |  |
| **Allergy or Medical Condition?** | | | |  | | | | | | | | | | | | |
| **Date of Birth** (*must be 18 or over as at commencement of course)* | | | | | | |  | | | | | | | | | |
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| **ENDORSEMENT BY APPLICANT’S CLUB** | | | | | | | | | | | | | | | | |
| **Applicant’s Club Endorsement** | **Signature** | | | | | |  | | | | | | | | | |
| **Name** | | | | | |  | | | | | | | | | |
| **Position***(President, Secretary or Treasurer)* | | | | | |  | | | | | | | | | |
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| **APPLICANT’S EXPERIENCE** | | | | | | | | | | | | | | | | |
| *Please provide a summary of relevant experience – club positions held, rides managed, trail riding experience, etc.* | | | | | | | | | | | | | | | | |
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| Applicant’s Signature | |  | | | | | | | | | | Date | | |  | |