

Grennan College Equestrian Centre

Application Form for QQI LEVEL 5 or LEVEL 6 Award in Horsemanship and

British Horse Society Assistant Instructor Course

Name _____ DOB: _____

Address _____

P.P.S. Number _____ Nationality: _____

Contact details Home: _____ Mobile : _____ Email: _____

Educational Background (please tick all relevant categories)

Group Certificate	<input type="checkbox"/>	VTOS	<input type="checkbox"/>
Junior/Intermediate	<input type="checkbox"/>	Further Education (PLC) Course	<input type="checkbox"/>
Leaving Certificate	<input type="checkbox"/>	Training/Apprentice	<input type="checkbox"/>
Leaving Certificate Applied	<input type="checkbox"/>	Other (please specify) _____	

If you have previously completed a PLC course please list course title code and level:

PLC Course Title:	Level:
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Please tick the appropriate box to indicate what you were doing on 30th September last

Attending School *	<input type="checkbox"/>	Employed	<input type="checkbox"/>
Third Level	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
In training	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

*If attending school: School Name _____

School Roll No _____

Give details of Work Experience (if necessary continue on another page)

Name/ Address of Employer	Description of duties etc

Do you hold any Pony Club Qualifications (Please List)

Do you hold any British Horse Society Qualifications (Please List)

Are you taking any prescribed medication? Please tick appropriate box. Yes No

If yes, list the medication / your medical condition and any potential side effects e.g. fatigue, dizziness, low blood pressure, high blood pressure, etc., which could put your safety at risk while working with horses, which can at times be unpredictable.

Do you require any learning assistance or special accommodations for theory based work and exams on this course?

Please note that **all** of the above information is requested to enable us to ensure your health and safety while on the course. Failure by you to provide us with full and accurate information may pose serious health and safety risk to yourself and others as well as affect your participation on the course.

Please outline below any additional information which you believe is relevant to your application for the course.

Where did you hear about the course _____

I hereby authorise the management and staff of Grennan College to use the information provided on this application for all bona fida school purposes. In return the school undertakes that personal information on a student will not be disclosed to anyone other than relevant school staff or staff of Kilkenny and Carlow Education and Training Board. or of the Department of Education and Science or its agencies without first consulting the student

Signature _____ Date _____

Please return completed application to Grennan College, Thomastown, Co Kilkenny

Please note that forms must be fully completed



etb
Bord Oideachais agus Oiliúna
Chill Chainnigh agus Cheatharlaigh
Kilkenny and Carlow
Education and Training Board