CT & HT RULES

APPENDIX 8

Rev. JUL 07

HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC.

CROSS COUNTRY COURSE ACCREDITOR TRAINEE ACTIVITY RECORD

Assist with accreditation of courses (6 minimum)

	Date	Event	Location	Assoc	Name of Official Course Accreditor	Signature of Course Accreditor	
Eg.	1/8/06	Horse Trials.	Yarrambat.	HRCAV	Steve Milliken	Steve Milliken	
1.							
2.							
3.							
4.							
5.							
6.							
*	* Trainees are to complete an accreditation template (see Appendix 9) for each course accredited						

2. Cross-Country Course Building Training Day Attendance (2 minimum)

	Date	Activity	Location	Assoc	Name of Convenor	Signature of Convenor
Eg.	1/2/06	XC Workshop.	PHRC.	HRCAV	Steve Milliken	Steve Milliken
1.						
2.						

^{*} Trainees are to write a technical report on the workshop/seminar attended (see Appendix 10)

3. Open Book Examination

TRAINEE's NAME:

1.

Date	Pass/Fail	Checked by HRCAV representative	HRCAV Representative's Signature