Horse Riding Clubs Association of Victoria Inc. (A0002667H) PO Box 209, NUNAWADING, 3131 PH 9877 0330 FAX: 9877 9400

Email: info@hrcav.com.au Website: hrcav.com.au

EXPRESSION OF INTEREST HRCAV LEVEL ASSESSOR

Members seeking accreditation as an HRCAV Official must register their interest by forwarding a completed form and any other relevant details to the HRCAV. Upon consideration of details provided, successful applicants shall be registered as a new candidate and be invited to

and forthcoming to		•					•				ist be at least 18 ye				
NAME:						MEMBERSHIP#:				DA					
ADDRESS:								POSTCODE:							
EMAIL:								PHONE NO:							
SIGNATURE:						CLUB:									
WORKING WITH CHILDREN CHECK															
DO YOU HAVE A CURRENT WWCC?							EXEMP1	FROM TI	HE	REASON FOR EXEMPTION					
YES NO						WWCC REQUIREMENT?									
WWCC CARD HC															
ALL OFFICIALS MUST HAVE A WWCC UNLESS EXEMPT						YES NO				REGISTERED TEACHERS & POLICEOFFICERS - PLEASE RECORD RELEVANT ID NUMBER.					
SELECT THE APPROPRIATE ANSWERS															
RIDING EXPERIENCE															
CURRENT HRCAV LEVEL AND HOW LONG AT THIS LEVEL															
	LEVEL	HOW LONG?	LEVEL	HOW LONG?	LEVEL	HOW LONG?	LEVEL	HOW LONG?	LEVEL	HOW LONG?					
								1		1					

RIDING EXPERIENCE													
CURRENT HRCAV LEVEL AND HOW LONG AT THIS LEVEL													
	LEVEL	HOW LONG?	LEVEL	HOW LONG?	LEVEL	HOW LONG?	LEVEL	HOW LONG?	LEVEL	HOW LONG?			
Dressage	5		4		3		2		1/ Adv		Not assessed		
Showjumping	5		4		3		2		1/ Adv		Not assessed		
Horse Trials	5		4		3		2		1		Not assessed		
Showing	5		4		3		2		1		Not assessed		
3 Phase Equitation	5		4		3		2		1		Not assessed		
	HIGHEST EVER HRCAV ASSESSED LEVEL												
DRESSAGE SHOW JU			/ JUMPI	JMPING HORSE TRIALS SHOWING						3 PHASE EQUITATION			
HIGHEST EVER NON HRCAV LEVEL				DISCIPLINE:							LEVEL:		
HIGHEST EVER NON	DI	DISCIPLINE: LEVEL:											
OTHER RELEVANT RIDING EXPERIENCE													

APPENDIX 14

GENERAL RULES

Rev. October 2017, May 2020, May 2023

TRAINING AND IN THE FIELD EXPERIENCE													
Please tick		1	2	2	3	4 or mo	ore	None					
Number of HRCAV Training													
Number of Non-HRCAV Trai													
Type of Training Clinic/s att		When Attended											
COACHING EXPERIENCE													
Have You Ever Coached		YES		NO									
Type Of Coaching													
Qualifications													
Coaching Experience	yr	1-2 Yrs		3-4 Yrs			4-5Yrs			Over 5 Yrs			
QUALIFICATIONS													
Do you have relevant forma qualifications with other													
organisations eg. EA? Please type of qualification and da													
obtained													
OTHER EXPERIENCE													
Other relevant experience/qualifications (t	OW JUDGE		DRESSAGE			OTHERS Specify:							
Recent relevant appointments – including date, location & event													
Discipline Specific Referee (not compulsory													
Motivation for seeking accreditation													

Applicants who can show proof of qualifications and/or extensive experience in their area of interest may be eligible for training concessions at the discretion of the relevant Sub Committee. Please attach proof of relevant qualifications where applicable. The original of this form will be kept at the HRCAV office and a copy sent to the relevant Sub-Committee.