Rev. October 2017, May 2020, May 2023

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

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EXPRESSION OF INTEREST HRCAV Show Jumping Judge & Course Designer

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 commence the accreditation process. An overview of the accreditation process can be found in the relevant section of the HRCAV Manual and forthcoming training and examination day(s) are advertised in the HRCAV newsletter. Note: Applicants must be at least 18 years of age.

NAME:	MEMBERS	HIP#:	l	DATE:						
ADDRESS:				POSTCODE:						
EMAIL:		PHONE NO:								
SIGNATURE:		CLUB:								
WORKING WITH CHILDREN CHECK										
DO YOU HAVE A CURRENT WWCC?	ARE YOU EXEMPT FROM THE			REASON FOR EXEMPTION						
YES NO	WWCC REQ									
WWCC CARD HOLDERS – ATTACH COPY OF CARD.										
ALL OFFICIALS MUST HAVE A WWCC UNLESS EXEMPT	YES	NO		GISTERED 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?	LEVE	L	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	
	HIGHEST EVER HRCAV ASSESSED LEVEL												
DRESSAGE SHOW JU		/ JUMP	JMPING HORSE TRIALS				SHOWING			3 PHASE EQUITATION			
HIGHEST EVER NON HRCAV LEVEL				DISCIPLINE: LEVEL:									
HIGHEST EVER NON HRCAV LEVEL				DISCIPLINE: LEVEL:									
OTHER RELEVANT EXPERIENCE													

APPENDIX 14

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TRAINING AND IN THE FIELD EXPERIENCE												
Please tick					1	2		3 4 or 1			None	
Number of HRCAV Training												
Number of Non-HRCAV Trai	ining Clinio	s Attended										
Type of Training Clinic/s attended:				When attended								
SHOWJUMPING (please tick	k)											
Judging	< 5 time	5	< 20 times		< 40 times			> 40		Never		
Level/Grade	Lvl/Gr 5 Lvl/Gr 4				L3/Gr 3			L2/Gr 2		L1/Gr 1		
Pencilling Experience	< 5 time	5	< 20 times		< 40 times			> 40		Never		
COACHING EXPERIENCE												
Have You Ever Coached YES NO					ı							
Type Of Coaching												
Qualifications												
Coaching Experience	Under 1 yr 1-2 Yrs				3-4 Yrs	4-5Y	rs	Over 5 Yrs				
QUALIFICATIONS												
Do you have relevant format qualifications with other organisations eg. EA? Please type of qualification and da obtained												
OTHER EXPERIENCE												
			SJ COU									
Recent relevant appointments – including date, location & event												
Discipline Specific Referee (not comp	ulsory										
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.