

# TREKKING AND RIDING SOCIETY OF SCOTLAND

## COURSE REGISTRATION FORM PRE EXAM TRAINING

DATE OF COURSE \_\_\_\_\_ VENUE \_\_\_\_\_

Please tick

Centre Operator      Senior Ride Leader      Ride Leader

### DETAILS OF APPLICANT

NAME \_\_\_\_\_ TRSS member YES / NO

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE \_\_\_\_\_

POST CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ OR OVER 25

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EMERGENCY CONTACT NAME AND TELEPHONE NUMBER \_\_\_\_\_

HEALTH OR INJURY INFORMATION THAT MAY AFFECT ABILITY TO RIDE OR PARTICIPATE IN COURSE ACTIVITIES

FIRST AID CERTIFICATE YES / NO DATE RECEIVED \_\_\_\_\_

(to be produced on course)

RIDING AND ROAD SAFETY YES / NO DATE RECEIVED \_\_\_\_\_

(to be produced on course)

QUALIFICATIONS ( Pony Club, TRSS, BHS, ABRS etc )

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

PREVIOUS COURSES ATTENDED

\_\_\_\_\_ VENUE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

**PRESENT POSITION** \_\_\_\_\_

**DATE STARTED** \_\_\_\_\_

**EMPLOYERS ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

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**DETAILS OF DUTIES AND RESPONSIBILITIES**

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**PREVIOUS POSITION** \_\_\_\_\_

**DATES** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DETAILS OF DUTIES AND RESPONSIBILITIES**

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**PREVIOUS POSITION** \_\_\_\_\_ **DATES** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DETAILS OF DUTIES AND RESPONSIBILITIES**

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**OTHER RELEVANT INFORMATION** (attendance at TRSS training centre, foreign language etc )

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**I HEREBY CERTIFY THAT I ATTEND THIS COURSE AT MY OWN RISK AND IN THE EVENT OF DAMAGE OR INJURY I HAVE NO CLAIM AGAINST TRSS**

**I ACCEPT THAT THE DECISION OF THE ASSESSORS IS FINAL**

**SIGNED**

**DATE**

**Result**

**Pass / Fail**

**Certificate no.....**