



Course Place & Date:

Course: ☐ Level I Course ☐ Level II Course
☐ Olympic ☐ Vaulting ☐ Endurance ☐ Para Dressage

	☐ Mrs	☐ Mr	☐ Miss
First name:			Family name:
Address:			
City & Post Code:			
Country:			
Telephone:		Fax:	
Mobile:		Date of birth:	
E-mail:			
Nationality:		NF of:	
Professional activity:			
Why would you like to do this course?			

1. TECHNICAL LEVEL AS AN ATHLETE:

a. Disciplines practiced:

☐ Jumping ☐ Dressage ☐ Eventing ☐ Vaulting ☐ Endurance ☐ Other:

b. Riding experience (years): _____

c. Riding experience (level) (*star + height for jumping; *star for eventing, Preliminary/ Elementary, Medium/ Advanced, PSG and up for dressage; * for vaulting)

☐ At International level:

☐ At National level:

☐ Others (pls specify): _____

d. Best personal result: _____

2. PRACTICE AS A COACH:**a. Disciplines coached:**

☐ Jumping ☐ Dressage ☐ Eventing ☐ Vaulting ☐ Endurance ☐ Other:

b. Professional experience as a coach (nb of years):**c. Professional activity as a coach (club coach, national coach, freelance, etc.)**

d. Number of pupils: _____**e. Highest level of competition of your best riders/pupils : (*star + height for jumping; *star for eventing; (Preliminary/Elementary, Medium/Advanced, PSG and up for dressage; * for vaulting)**

☐ At International level: _____
☐ At National level: _____
☐ Other; please specify: _____

f. Best result obtained with a pupil: _____**3. DIPLOMA/CERTIFICATE(S) OBTAINED**

4. OTHER CERTIFICATES:

☐ First Aid
☐ Other (please list)

5. REFEREE

(National or else)

Your signature:

NF Signature:

Date: