



STUBBING COURT TRAINING LTD.

Ashgate Cottage, Old Brampton, Chesterfield S42 7JE

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APPLICATION FORM

Date of application :		
Full name :		
Address:		
Have you been resident in the UK for 3 years prior to starting the programme? YES / NO		
Date of birth :		
National Insurance no.:		
Email address:		
Telephone number (please include code) :		
Mobile number:		
Age :	Height :	Weight :
Careers Adviser and Office:		
Name of school and year of leaving full-time education:		
GCSE Examination results or grades predicted:		
Any other qualifications:		
Previous experience:		
Ambitions:		
Preferred type of yard :		
Would you live in?		YES / NO
Do you have any form of transport other than public?		

What nationality are you?

Ethnic Origin - Please tick:

British (white)		Irish (white)		Any other white	
White & Black Caribbean (mixed)		White & Black African (mixed)		White & Asian (mixed)	
Any other mixed		Indian (Asian & Asian British)		Pakistani (Asian & Asian British)	
Bangladeshi (Asian & Asian mixed)		Any other Asian		Caribbean (Black or Black British)	
African (Black or Black British)		Another other Black		Chinese (Chinese or other ethnic group)	
Any other ethnic group		Not specified			

Please provide details of relevant background issues:

Do you have any physical disabilities or health conditions? YES / NO Details:

Any mental health conditions? YES / NO Details:

Any learning needs or learning disabilities? YES / NO Details:

Are you living in Care? YES / NO

Are you a Care Leaver? YES / NO

Do you have an Education/Health Care Plan? YES / NO

Are you a Carer? YES / NO

On probation? YES / NO

Any alcohol or drug abuse problems? YES / NO

Are you currently on an Apprenticeship / FE / HE / AEB programme? YES / NO If so, what is the title? Name of college / training provider:.....

Some yards may involve work with children and vulnerable adults. Have you been convicted by the Courts, cautioned, reprimanded or warned for any criminal offence? YES / NO

If you have answered 'yes' please give details of offences, penalties, dates and country in which they occurred, or any allegations made against you, in a sealed envelope marked with your name and attach this to your completed application form. Answering 'yes' will not necessarily prevent you from being considered for work with horses.

Vaccination details:

NB: It is of great importance when working with horses that your Tetanus vaccinations are up to date.

Name and telephone number of Doctor:

Parent / Guardian details: Name(s) in capitals:

Contact numbers in case of emergency 1)

2)

Address:

Preferred Start Date:

How did you hear about us? SCT's Website Leaflet School / Careers

Friend Facebook / Instagram Employer Please state name:.....

Apprenticeship Vacancy Website please state employer name:

Please email back this form with a photograph of the photo page of your passport / Birth certificate and the Applicant Agreement slip. I agree to the contents of this Application Form being shared with potential employers: YES / NO (please delete).