

**Candidate details continued:-**

**Ethnic Origin, please tick relevant box:-**

- White, UK heritage
- White, European
- White, other (known)
- White, type not known
- Black, Caribbean heritage
- Black, African heritage
- Black, other
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other (known)
- Prefer not to say

**What nationality are you?**

- British
- European Union
- Non EU
- Not known

Do you have a learning disability **Yes / No**

If Yes, please give details:- \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical disabilities **Yes / No**

If Yes, please give details:- \_\_\_\_\_  
\_\_\_\_\_

Are you registered disabled **Yes / No**

Do you have any special assessment requirements **Yes / No** If yes, please give details:-  
\_\_\_\_\_  
\_\_\_\_\_

Language(s) in which assessment is undertaken: \_\_\_\_\_

**Centre Details:-**

Centre Name: \_\_\_\_\_

Name of Assessment Location: \_\_\_\_\_

**THIS FORM MUST BE SIGNED: This is to certify that I enter for this qualification at my own risk, that in the event of my receiving an injury I have no claim against Equestrian Qualifications GB Ltd or the British Horse Society. The collection of the above information is required by Regulatory, Governing and Awarding organisations for statistical and analytical purposes.**

**All personal information including examinations results and qualifications will be held in accordance with the Data Protection Act of 1998. Data may be released to the Regulatory Authorities and to government departments and agencies, prospective employers, training providers and educational establishments.**

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_

If the candidate is registering for individual units only or additional units please list these below.

**Level 1**

**Level 2**

**Level 3**

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