

CLINIC – TRAINING DAY – FUN DAY APPLICATION

To be submitted to AQHA Office 7 days prior to Activity shows@aqha.com.au

EVENT NAME: _____

START DATE: _____ END DATE: _____

VENUE NAME: _____

VENUE ADDRESS: _____

- ☐ Clinic or Training Day with Professional Trainer/s
- ☐ Clinic or Training Day with Volunteer, Amateur AQHA Member
- ☐ Club Fun Day ☐ Clinic or Training Day with Professional Trainer/s and involves Cattle

PROFESSIONAL TRAINER CONTACT DETAILS & CERTIFICATE OF CURRENCY (Public Liability Insurance)

NAME: _____

AQHA MEMBERSHIP NO: _____ (If applicable)

ADDRESS: _____

CONTACT NUMBER: _____

COPY OF CURRENT CERTIFICATE OF CURRENCY PROVIDED TO THE AFFILIATE and submitted to the AQHA Office with this Application Form: YES ☐ NO ☐

VOLUNTEER AND OR AMATEUR MEMBER TEACHING (Certificate of Currency not required)

NAME: _____

AQHA MEMBERSHIP NO: _____ (Or listed on Activity Volunteer Register for the event)

ADDRESS: _____

CONTACT NUMBER: _____ (Amateurs cannot receive any form of Remuneration)

AFFILIATE NAME: _____ AQHA Affiliate no: _____

AQHA MEMBERSHIP NO: _____

NAME OF PERSON RESPONSIBLE FOR AFFILATE CLINIC, TRAINING DAY or FUN DAY:

PERSON RESPONSIBLE CONTACT NUMBER

PERSON RESPONSIBLE CONTACT EMAIL

PERSON RESPONBILE AQHA MEMBERSHIP NO: _____ (Or listed on Activity Volunteer Register)

Note – The Affiliate person responsible for Hosting and Risk Management of the activity.

An Event Check list (Event Risk Assessment) is to be completed no earlier than 24hrs prior to Activity and submitted to the AQHA Office within 14 days on completion of the Activity.