



Australian Miniature Pony Society Inc.

Victorian Promotional Group

Bio-Security Form

Contact: Maree Stringer Victorian State Delegate

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In order for the Australian Miniature Pony Society Inc - Victorian Promotional Group to provide a safe and healthy environment for all attendees at events & meetings we would like to ask you a couple of short questions regarding COVID-19.

1. Are you currently unwell (e.g., head cold, runny nose, shortness of breath, chest infection, temperature, loss of smell)?
☐ Yes ☐ No
2. Have you been in contact with any person in the last 14 days who has been diagnosed with COVID-19?
☐ Yes ☐ No
3. Have you been advised that you have or have had COVID-19?
☐ Yes ☐ No

If you answered Yes to either questions 1, 2 or 3, please provide a medical clearance certificate to confirm that you are able to leave home. If not, please stay home.

4. You will be aware that the Federal Government and medical officers have recommended that all persons download the COVID-19 App. The Australian Miniature Pony Society Inc Victorian Promotional Group does not require a person to download the App to participate in events or meetings, however, it will help with tracing should an outbreak occur at an event. Have you downloaded the App?
☐ Yes ☐ No

www.australianminiaturepony.com

Join us on Social Media. Search for Australian Miniature Pony Society Inc Victorian Promotional Group. on Facebook

Notes:

- This form is compulsory for all persons attending any AMPS Victorian Promotional Group activity. This includes competitors, grooms and volunteers (necessary to run the activity).
- The form is to be completed on the day of the activity, not prior to the activity, so that up-to-date information is sourced from people attending the activity.
- Members are also required to comply with the laws of the relevant State/Territory.
- Social distancing of a minimum of 1.5 metres is to be observed.

Name: _____ Location: _____

M'Ship No _____ Phone: _____ Email: _____

Event _____ Date/s: _____

Signature Guardian Printed Name Date

- If you begin to feel unwell after the event, please advise the Event Organising Committee.

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Intention to Attend Official Gathering

Please note: Only those named on this form will be admitted to venue.

Date	Event Name	Venue address
13 th Feb	Barastoc Horse of the Year Show	Werribee Park National Equestrian Centre

Name	Member No (or Postcode)	Phone	E-Mail
		Please ensure one of either a phone number or an email address is supplied for every attendee.	