



Therapeutic Horsemanship Centre

07871 715 882

office@therapeutic-horsemanship.co.uk

www.therapeutic-horsemanship.co.uk

APPLICANT DETAILS

FIRST NAME:	SURNAME:
D.O.B:	MALE/FEMALE:
ADDRESS:	TEL NO:
	MOBILE:
POSTCODE:	EMAIL:

EMERGENCY CONTACT

NAME:	TEL NO:
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(please tick) I give permission for the named applicant to receive basic medical care in an emergency.

Please can you tell us about special needs/medical conditions/disadvantages that you have? (i.e. mental health problems, learning disabilities, long or short term physical)

What do you hope to gain through attending the Therapeutic Horsemanship Centre?
(Applicants own words, where possible)

Please state any medical conditions or allergies we should be aware of. E.g. . Epilepsy, Asthma, etc.)

- briefly describe how this condition may present itself

-briefly describe how this should be managed

Please list any medication that the applicant carries on them

Is there any other information that you think would be beneficial for us to know for you to feel happy and safe whilst you are with us? (behavioural, emotional or physical)

Return this form completed to office@therapeutic-horsemanship.co.uk

By completing this form, I understand that Therapeutic Horsemanship Centre will store my personal information securely for future reference and contacting.

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