



WELCOME

**RIDING
ESTABLISHMENT
MEMBERSHIP
APPLICATION PACK**



ABRS+

THE ASSOCIATION OF BRITISH RIDING SCHOOLS, LIVERY YARDS AND EQUESTRIAN CENTRES

Section 1 - Application Form

CONTACT DETAILS

Establishment name:

Applicant's Name:

Landline: Mobile:

Email: Website:

Address of business premises:

Postcode:

Correspondence address (if different):

Postcode:

APPLICATION

- I wish to apply for the following:
☐ Riding School membership of the Association of British Riding Schools, Livery Yards and Riding Establishments (ABRS+)
or
☐ Riding School & Livery Yard membership of the ABRS+
- I agree to abide by the rules and conditions laid down in the Memorandum and Articles and the Code of Practice.
- I declare that I comply with all applicable health & safety, employment and safeguarding legislation and regulations. I will provide the ABRS+ with evidence of compliance whenever required.
- I declare that any information provided in this application is true and accurate. I undertake to notify the ABRS+ immediately if there is any material change to the information provided in this application.
- I understand and accept that I may be subject to a visit by the ABRS+ at no notice as a part of our Complaints Procedure or as an element of routine quality monitoring.
- If approved, I agree to pay the annual subscription.
- I understand that the information given within this application will be stored on the ABRS+ database and may be shared with members of ABRS+ Head Office staff.
- Where an overseas school complies with the legislation and regulations of the country where the business resides, then they will be deemed to be acceptable for membership of the ABRS+. The school may be asked to demonstrate compliance by the ABRS+ through the provision of appropriate evidence.
- I understand the ABRS+ Privacy Policy, which can be found at <https://www.abrs-info.org/privacy-policy/>. I accept that my personal data will be kept and processed by the ABRS+ and that I will be contact by Email, Phone and/or Post where this relates to products and services that are related to my membership of the ABRS+.

X Signed:

Date:

Section 2 - Council License

The Riding School has a Council License: Yes ☐ No ☐

Licence Number:

Date License Expires:

Star Rating (if in England):

Number of horses listed on the license:

Please provide a copy of your License with the Application Form

If your Riding School **does not** have a Council License but is in the process of applying, you may apply for ABRS+ membership but you will not receive a plaque, be listed on our website, or use our logo until your Council License is issued

Licensing Authority contact details:

Local Authority Name:

Name of Licensing Officer (if known):

Tel No (if known): Email (if known):

I am the Licensee and give my permission for the Local Authority provide information to the ABRS+ where this related to membership, licensing and/or compliance with the ABRS+ Code of Conduct.

X Signed: Date:

Section 3 - Establishment Information

DESCRIPTION (used for listing)

Please describe your Riding School and Livery Yard (if applicable) (1000 characters) (this will be used for listing):

ESTABLISHMENT FACILITIES & SERVICES (used for listing)

Is there an outdoor arena? ☐ Number/Sizes:

Is there a covered arena? ☐ Number/Sizes:

Does the arena have lighting? ☐

Other riding facilities:

What age groups do you accept?

Children: ☐ Age minima/comments:

Adults: ☐

What riding services do you provide?

Individual Lessons: ☐ Jumping: ☐ Hacking: ☐

Group Lessons: ☐ Cross Country: ☐ Trekking: ☐

Pony Parties: ☐

Other riding services provided:

RDA-approved or holding the RDA accessibility mark? ☐

What equine non-riding services do you provide?

Equine Assisted Therapy: ☐

Other equine non-riding services provided:

LIVERY (if applying for the additional Livery Listing)

What type of Livery do you provide?

Full: ☐ Assisted DIY: ☐ DIY: ☐ Schooling: ☐

Working: ☐ Retirement: ☐ Track: ☐

Part: ☐ Grass: ☐ Holiday: ☐

Other:

What facilities are available to livery owners?

Arena: ☐ X-Country Course: ☐ Hacking: ☐

Show Jumps: ☐ Stabling: ☐ Horse walker: ☐

Grazing: ☐ (All Year: ☐)

Other:

Please confirm that there is a contract in place for all livers: ☐

BUSINESS TYPE

Please describe the nature of your business:

- ☐ Sole trader ☐ Limited partnership
☐ Private Limited Company ☐ Company Limited by guarantee
☐ A not-for-profit or community interest company or other social enterprise
☐ Charitable Incorporated Organisation

Other:

INSURANCE

Public Liability Insurance: ☐

Name of insurance company: Insurance renewal date:

Care, Custody and Control if applying for Livery Yard Membership: ☐

Name of insurance company: Insurance renewal date:

Employers Liability Insurance: ☐ Not Applicable (no employees) ☐

Name of insurance company: Insurance renewal date:

Please provide a copy of relevant insurances with the Application Form

PHOTOGRAPHS

Please provide photographs (.jpg) of facilities provided. These will be used for your listing and to verify the information provided in this application. Please email photographs to the ABRs+ Office (office@abrs-info.org) making sure the photographs have a file name that makes clear the facility being shown.

Section 4 – Key Staff

Licensee

Name of Licensee:

Mobile: E-mail:

Business Owner

Name and contact details same as Licensee ☐

Name of Business Owner(s):

Mobile: E-mail:

Mobile: E-mail:

Chief, Senior or Lead Coach

Name and contact details same as Licensee ☐

Name of Chief, Senior or Lead Coach:

Mobile: E-mail:

Chief, Senior or Lead Coach has a recognised Coaching Qualification: Yes ☐ No ☐

Coaching Qualification(s):

Please provide a copy of relevant Coaching Certificates with the Application Form

Approved Riding Schools should have a Chief, Senior or Lead Coach that has a recognised Coaching

Qualification (<https://www.britishequestrian.org.uk/workforce/coaching/introduction-to-coaching>).

Where the Chief, Senior or Lead Instructor does not have a recognised Coaching Qualification, **this does not preclude ABRs+ membership**. The ABRs+ may wish, however, to agree a timeline for qualifications to be gained as a condition of membership.

Centre Safeguarding Officer

We require all member schools to appoint a Safeguarding Officer who is responsible the implementation of safeguarding policies and practices for the protection of children, young persons, and adults at risk. This person is required to have undertaken a Criminal Records Check (Disclosure and Barring Service (DBS) enhanced disclosure with barred list), to hold an up to date and appropriate First Aid certificate and to have an up to date and recognised Safeguarding & Protecting Children in Sport certificate.

Name and contact details same as Licensee ☐

Name of Safeguarding Officer:

Mobile: E-mail:

Criminal Records Check:

Disclosure number: Date Issued:

The Criminal Records Check should have been issued within 2 years of the date of ABRs+ application. If you do have a valid DBS certificate, please contact the ABRs+ Office as we will be required to initiate the process for you.

Safeguarding & Protecting Children in Sport:

Issuing Organisation:

Certificate number: Date Issued:

Details of ABRs+ Safeguarding Courses are detailed on our website (<https://www.abrs-info.org/education/safeguarding/>). Other acceptable courses are described on the British Equestrian (BE) website (<https://www.britishequestrian.org.uk/workforce/facilities-clubs/safeguarding>). Safeguarding certificates are valid for 3 years from the date of issue.

First Aid Course:

Issuing Organisation:

Certificate number: Date Issued:

BE and ABRs+ require that those involved in safeguarding in an equestrian setting should have First Aid training. This training should be a 3-day 'First Aid at Work (FAW)' course or BHS 2-day course. FAW certificates are valid for 3 years from the date of issue.

Please provide a copy of the DBS, Safeguarding and First Aid Certificates with the Application Form

Section 5 – Articles of Association

THE COMPANIES ACT
1985 APPLICATION
FOR MEMBERSHIP

ASSOCIATION OF BRITISH RIDING SCHOOLS

Registered Number: 3186520

Subject to the Memorandum and Articles of Association of the above named company ("the Company"), to any rules for the time being made there-under, and to any terms for membership applicable to the Company, application is made by the undersigned for membership of the Company, and in the event of the Company being wound up while the undersigned is a member, or within one year afterwards, the undersigned undertakes to contribute such amount as may be required, not exceeding the guaranteed sum mentioned below, for payment of the debts and liabilities of the Company contracted before ceasing to be a member, and of the costs, charges and expenses of winding up, and for the adjustment of the rights to the contributories amount themselves.

Guaranteed Sum: £1

Applicant (name and address)

Establishment name:

Address of business premises:

Postcode:

X Signed: Date:

Section 6 – Gift Aid

Boost your membership fee by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

To Gift Aid your membership fee you must tick the boxes below:

- ☐ I want to Gift Aid to the ABRs+ my membership fee and any membership fees that I make in the future or have made in the past 4 years.
- ☐ I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

CONTACT DETAILS

Name and contact details as a UK Taxpayer are the same as the Applicant name and contact details ☐

If not, please provide details below:

Name:

Address:

Postcode:

Please notify the ABRs+ if you:

- Want to cancel this declaration.
- Change your name or home address.
- No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Section 7 – Application Check List

Subscription:

I have paid (or enclose a cheque) for my:

Membership Fee: ☐

Advisory Visit Fee: ☐ (if required)

Section 1 – Application Form:

I have completed and signed Section 1: ☐

Section 2 – Council License:

I have completed and signed Section 2: ☐

I enclose copies of the following documents:

Council License: ☐

Section 3 – Riding Establishment Information:

I have completed Section 3: ☐

I enclose copies of the following documents:

Public Liability Insurance: ☐

Care, Custody and Control Insurance: ☐ (if applying for Livery Yard Membership)

Employers Liability Insurance: ☐ (if I have Employees)

I enclose photographs of the Yard Facilities: ☐ (sent by email to office@abrs-info.org)

Section 4 – Key Staff

I have completed and signed Section 4: ☐

I enclose copies of the following documents:

For the Chief, Senior or Lead Coach:

Coaching Certificate: ☐

For the Centre Safeguarding Officer:

Criminal Records Check: ☐

Safeguarding & Protecting Children in Sports Certificate: ☐

First Aid at Work Certificate: ☐

Section 5 – Articles of Association of the ABRS+

I have completed and signed Section 5: ☐

Section 6 – Gift Aid

I have completed and signed Section 6: ☐ (if a UK Taxpayer)

If you are unable to supply any of the documents required, please speak to the ABRS+ Office. This will not preclude you becoming a member but you will not be listed or be able to use the ABRS+ logo until all required documents have been submitted and verified. The ABRS+ will offer advice and assistance, where required, to achieve compliance.