

WELCOME

LIVERY YARDS MEMBERSHIP APPLICATION PACK



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

Section 1 - Application Form

CONTACT DETAILS	
Livery Yard name:	
Applicant's Name:	
Address of business premises:	
Postcode:	
Correspondence address (if different):	
Postcode:	
Landline: Mobile:	
Email: Website:	
APPLICATION	
I wish to apply for the following:	
Certified Livery Yard membership of the Association of British Riding Schools, Livery Yards and Riding Establishments (ABRS+)	g
or	
Approved Livery Yard membership of the ABRS+	
• I agree to abide by the rules and conditions laid down in the Memorandum and Articles and the C Practice.	ode of
• I declare that I comply with all applicable health & safety, employment and safeguarding legislatic regulations. I will provide the ABRS+ with evidence of compliance whenever required.	on and
• I declare that any information provided in this application is true and accurate. I undertake to not ABRS+ immediately if there is any material change to the information provided in this application.	tify the
• 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 the ABRS+ Privacy Policy, which can be found at https://www.abrs-info.org/privacy-laccept that my personal data will be kept and processed by the ABRS+ and that I will be contact by Email, and/or Post where this relates to products and services that are related to my membership of the ABRS+.	
X Signed: Date:	

Section 2 - Livery Yard Information

Other equine non-riding services provided:

DESCRIPTION (used for listing) Please describe your Livery Yard (1000 characters) (this will be used for listing): **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: **ESTABLISHMENT FACILITIES & SERVICES (used for listing)** Is there an outdoor arena? Number/Sizes: Number/Sizes: Is there a covered arena? Does the arena have lighting? Other riding facilities: What equine non-riding services do you provide? Equine Assisted Therapy:

LIVERY

What type of Liv	ery do you	provide?						
Full:		Assisted	DIY:		DIY:		Schooling:	
Working:		Retireme	nt:		Track:			
Part:		Grass:			Holiday:			
Other:								
What facilities a	re available	to livery o	wners?					
Arena:		X-Country	/ Course	: 🗌	Hacking:			
Show Jumps:		Stabling:			Horse walke	er:		
Grazing:	(All Ye	ear: 🔲)						
Other:								
LIVERY CONT	TRACTS							
Please confirm t	hat there is	a contract	in place	for all live	eries:			
HEALTH AND	SAFETY							
Please provide c	opies of hea	lth and saf	ety asse	ssments	and plans. I have p	rovided a co	py of:	
Health and Saf	ety Risk Ass	sessment:						
Fire Safety Pla	n:							
INSURANCE								
Public Liability In	surance:							
Name of insura	nce compar	ıy:			Insurar	nce renewal	date:	
Care, Custody ar	nd Control:							
Name of insura	nce compar	ny:			Insurar	nce renewal	date:	
Employers Liability Insurance: Not Applicable (no employees)								
Name of insura	nce compar	ıy:			Insurar	nce 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 3 – Key Staff



Business Owner(s)

Name of Business Owner(s):	
Mobile:	E-mail:
Mobile:	E-mail:

Centre Safeguarding Officer

The ABRS+ requires members to have Safeguarding policies and procedures in place if you and/or your staff work with any:

- Child or young person is any person under the age of 18 years.
- Adult at risk any person aged 18 years

The term 'work' in the context of Safeguarding is where you are undertaking 'regulated activities'. Regulated activities for children and young people are defined in law and for sports (such as riding) and encompass:

- In England, Northern Ireland and Wales, teaching, training, instructing, caring for or supervising frequently or with intensity (more than 3 days in a 30-day period or overnight (2am and 6am with the opportunity for face-to-face contact)).
- In Scotland, working directly with children and young people, or teaching or supervising children. There is no frequency and intensity requirement.

The definition of a 'regulated activity' for adults at risk is focused on:

- In England, Northern Ireland and Wales, whether or not the adults involved are receiving a health care or social care service.
- In Scotland, those adults, aged 16 years and over, who are unable to safeguard their own wellbeing, property, rights or other interests.

If you are not sure whether you are undertaking a regulated activity, please contact the ABRS+ Office who will connect you with the ABRS+ Safeguarding Officer.

connect you with the ABRS+ Salegu	arding Officer.
and/or my staff work with children	n, young people and/or adults at risk: Yes 🗌 No 🗌
f the answer is Yes , please provide opertificates:	details of your Human Welfare Officer, together with details of checks and
Name of Centre Safeguarding	
Officer:	E-mail:
Criminal Records Check:	
Disclosure number:	Date Issued:
	have been issued within 2 years of the date of ABRS+ application. If please contact the ABRS+ Office as we will be required to initiate the

Safeguarding & Protecting Children in Sport:

0		•			
ssuing Organisation	n:				
Certificate number:			Date Issi	ued:	

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:	
RE and ARRC+ require	a that those involved in safeguarding in an equ	lectrian cettin	r should have First Aid

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 4 – Articles of Association of the ABRS+

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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 5 – Gift Aid

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 6 – Application Check List

Subscription: I have paid (or enclose a cheque) for my: Membership Fee: Inspection/Advisory Visit Fee: (if required) Section 1 – Application Form: I have completed and signed Section 1: **Section 2 – Livery Yard Information:** I have completed Section 2: I enclose the following documents: Health and Safety Risk Assessment: Fire Safety Plan: Public Liability Insurance: Care, Custody and Control Insurance: Employers Liability Insurance: (if applicable) Photographs of Livery Yard Facilities and Service: (sent by email to office@ABRS+-info.org) **Section 3 – Safeguarding:** I have completed Section 3: I have indicated whether safeguarding is applicable: If yes, I have provided details of the Human Welfare Officer at Section 3: I enclose the following documents for the Centre Safeguarding Officer (if applicable): Criminal Records Check (Enhanced DBS): or I will contact the ABRS+ Office: Safeguarding & Protecting Children in Sports Certificate: First Aid at Work Certificate: Section 4 – Articles of Association of the ABRS+: I have completed and signed Section 4: Section 5 - Gift Aid I have completed and signed Section 5: (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.