



Membership Application Pack



ABRS+

Section 1 - Application Form

CONTACT DETAILS

Establishment name:	<input type="text"/>		
Applicant's Name:	<input type="text"/>		
Landline:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>	Website:	<input type="text"/>
Address of business premises:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Correspondence address (if different):	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>

APPLICATION

- I wish to apply for **Approved Riding School** membership.
- I wish also to apply for the following optional membership extensions (tick only if required):
 - ☐ **Approved Livery Yard**
 - ☐ **Approved Equine Assisted Services (EAS) Provider**
- 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

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 ☐

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: ☐

EQUINE ASSISTED SERVICES (if applying for the additional EAS Listing)

To be approved as an EAS provider, you will need to apply and be approved to be listed on Human/Equine Interaction Register (HEIR); we will need to see confirmation of registration before receiving an ABRS+ approval and EAS plaque. Your scope of approval will be published on the ABRS+ website. As an ABRS+ member, you will receive a **50% discount** on the annual HEIR registration fee. Register for HEIR with a discount code: <https://easp.co.uk/join-the-register/>. The discount code will be sent to you once your ABRS+ membership as a Riding School is approved.

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 and Products 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. 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

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>).

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):

I have provided a copy of relevant Coaching Certificates with the Application Form: Yes ☐ No ☐

*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 confirm that the experience held is equivalent or agree a timeline for a recognised qualifications to be gained as a condition of membership.*

First Aiders

There should be a trained first aider on site whenever the Riding Schools is open and/or staff are present handling horses. Coaches and staff leading hacks or trekking should also be first aid trained. Acceptable training courses include the 2-day L3 Outdoor First Aid course, the 2-day BHS 2-day First Aid course or the 3-day First Aid at Work (FAW) course. Certificates must show their validity which will normally be 2 or 3 years from the date of issue.

Please provide the names of your trained first aiders:

Name:

Name:

Name:

Name:

Name:

I have provided copies of relevant First Aid Certificates with the Application Form: Yes ☐ No ☐

*Where your First Aiders does not have 'in-date' or appropriate First Aid 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.*

Equestrian Safeguarding Officer

We require all member schools to appoint an Equestrian 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 enhanced disclosure with barred lists and to have an up to date and recognised Equestrian Safeguarding Officers certificate.

Name and contact details same as Licensee ☐

Name of the Equestrian Safeguarding Officer:

Mobile: E-mail:

Criminal Records Check:

The Criminal Records Check with Barred Lists should have been issued within 3 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.

I have provided a copy of relevant Criminal Records Check with the Application Form: Yes ☐ No ☐

Equestrian Safeguarding Officer's Course:

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.

I have provided a copy of relevant Equestrian Safeguarding Officers with the Application Form: Yes ☐ No ☐

*Where your Equestrian Safeguarding Officer does not have 'in-date' or appropriate Criminal Record Check and/or Equestrian Safeguarding Qualification, **this does not preclude ABRs+ membership**. The ABRs+ may wish, however, to agree a timeline for checks and qualifications to be gained as a condition of membership.*

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:

Membership Fee: ☐

Advisory Visit Fee: ☐ (if required)

Any additional subscription (if required):

Livery Yard: ☐

EAS: ☐

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 & Product 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)

I understand that I must apply for HEIR: ☐ (if applying for EAS Membership)

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 First Aiders

First Aid Certificates: ☐

For the Centre Safeguarding Officer:

Criminal Records Check: ☐

Safeguarding & Protecting Children in Sports 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 either the ABRs+ has agreed the all requirements have been met or will be met in an agreed timeline.

The ABRs+ will offer advice and assistance, where required, to achieve compliance.