



PO Box 93
Sunland
6115

Klein Rooipoort Farm
Sunland
Eastern Cape

Tel: 083 6161294 – Irene van der Westhuizen

APPRENTICE TRAINER APPLICATION FORM

FULL NAME & SURNAME: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

IN YOUR OWN WORDS, MOTIVATE THE REASON FOR YOUR APPLICATION

IN YOUR OWN WORDS, DESCRIBE WHAT YOU WOULD LIKE TO ACCOMPLISH BY COMPLETING THIS APPRENTICESHIP

DEFINE YOUR LEVEL OF EXPERIENCE (SCALE OF 1 (NO EXPERIENCE) TO 10 (FULLY EXPERIENCED)) AS WELL AS PROVIDE A REFERENCE NAME AND CONTACT DETAILS

STABLE MANAGEMENT: _____
BREEDING & FOALING: _____

JOIN-UP: _____
RIDING: _____
TRAINING: _____
PERFORMANCE SHOWING: _____
EQUITATION SHOWING: _____
INSTRUCTING: _____
FEED & NUTRITION: _____
HOOF & FARRIER WORK: _____
EQUINE DENTISTRY: _____
EQUINE CHIROPRACTICE: _____
GROOMING: _____

IN SHORT, DESCRIBE THE SKILLS YOU PERCEIVE THAT WOULD MAKE YOU A COMPETENT CANDIDATE

IN SHORT, DESCRIBE YOUR COMMUNICATION SKILLS, PERSONAL MOTIVATION LEVELS AND DECISION MAKING ABILITIES

IS THERE ANY RELEVANT INFORMATION YOU WOULD LIKE US TO KNOW ABOUT?

DO YOU HAVE INTENTIONS OR PLANS TO STUDY FURTHER?

LIST YOUR LAST FOUR PLACES OF EMPLOYMENT, PERIOD EMPLOYED AT EACH, POSITION HELD AND SUPPLY REFERENCES WITH CONTACT NUMBERS

- 1) _____
- 2) _____
- 3) _____
- 4) _____

DESCRIBE YOUR HEALTH AND PHYSICAL CAPABILITIES

ARE YOU CURRENTLY ON YOUR OWN PERSONAL MEDICAL AID?

HAVE YOU EVER USED PERSONALITY ALTERING DRUGS? IF YES, DEFINE

YOU WOULD BE SUBJECT TO DRUG TESTING PRIOR TO APPROVAL AND AT RANDOM INTERVALS DURING YOUR APPRENTICESHIP, PLEASE NOMINATE YOUR MEDICAL DOCTER OF CHOICE

ARE YOU OF SOBER HABITS?

DO YOU SMOKE?

PLEASE SUPPLY US WITH VIDEO FOOTAGE WHICH INCLUDES MOUNTING, WALKING, TROTTERING, CANTERING AND DIS-MOUNTING. YOU MAY INCLUDE AN EXTRA TWO MINUTES WORTH OF EQUINE RELATED FOOTAGE OF YOUR CHOICE, PROVIDED IT IS RELEVANT TO YOUR APPLICATION.

DECLARATION

I HEREBY DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. I AM OF FULL UNDERSTANDING THAT ANY FALSE INFORMATION WOULD LEAD TO MY APPLICATION BEING DISQUALIFIED. I HEREBY GIVE CONSENT TO MOUNTAIN VIEW STABLES TO CONDUCT FURTHER INVESTIGATION INTO ANY OF THE ABOVE RELATED QUESTIONNAIRE AND GRANT APPROVAL FOR REFERENCE CHECKS WHERE APPLICABLE

SIGNED _____ ON _____

APPLICANT SIGNATURE

WITNESS

IMPORTANT FACTORS TO BE TAKEN INTO CONSIDERATION

Accommodation, transport and remuneration

- You will be responsible for your own accommodation and meals
- You will be responsible for your own transport to the training facility
- **You will be remunerated. We are offering you an opportunity to invest in your future in the equine profession, free of educational charge.**
- You would need to be on your own personal medical aid
- This is only offered as a full time course

Daily attendance is mandatory. We function on a nine hour day Monday to Friday and six hour day Saturdays. You would be required to assist on feeding on week-ends. You will have one week-end a month without stable obligations. You would need to travel to shows during show season

PLEASE INITIAL EACH PAGE