**BECC Candidate Application Form- Level 2**

**Candidates applying for The British Eventing Coaching Certificate Level 2 training must complete this form and send to training@britisheventing.com**

|  |  |
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| CANDIDATES DETAILS | |
| NAME: |  |
| ADDRESS: |  |
| TEL: |  |
| EMAIL: |  |
| BE MEMBERSHIP NO: |  |

1. Please briefly explain your understanding of the BE Accredited Coaching system and detail why you are interested in becoming accredited?
2. Do you hold any equestrian qualifications? Please include all riding, coaching and other relevant qualifications.
3. Please outline your current role within equestrian sport and any roles you currently have, or have had in the past within British Eventing.
4. Please detail your competitive experience and any significant results in the sport of Eventing.
5. At what level are you currently or have previously competed at within British Eventing?
6. Are there any significant achievements in the sport of Eventing that your client(s) has/have made which your coaching has contributed to?
7. How many regular clients do you Coach and to what level?

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| Please list a rider that you currently coach and will use as part of the course. The rider must be **currently** competing at Novice level. You can list more than one as a reserve. | | | |
|  | **Name** | **Membership No.** | **Level / Competition experience** | |
| **1** |  |  |  | |
| **2** |  |  |  | |
| **3** |  |  |  | |
| **4** |  |  |  | |

1. Do you have any qualifications from outside the equestrian industry that are relevant to your Coaching?
2. Do you have any other information that you feel is relevant to this application?
3. References- Please list a professional who can verify this application form. This must be a BE Coaching Certificate Level 3 Coach, BE Assessor or a BE Coach Educator. Your reference will be contacted.

|  |  |
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| NAME: |  |
| ADDRESS: |  |
| TEL: |  |
| EMAIL: |  |
| How long have you known this referee: |  |

1. Do you suffer with any medical conditions or disabilities which may affect your training and/ or assessment for this award? Yes/ No

|  |  |
| --- | --- |
| SIGNATURE: |  |
| PRINT NAME: |  |
| DATE: |  |

|  |  |
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| OFFICE USE ONLY | |
| LEVEL OF ENTRY RECOMMENDED: |  |
| SIGNATURE: |  |
| PRINT NAME: |  |
| DATE: |  |