



EC ENGLISH COACH 2 2009 EVALUATION APPLICATION FORM

FEE: \$262.50 (INCLUDES GST)

Name: _____ EC #: _____

Address: _____ OEF# _____

_____ City: _____

Province: _____ Postal Code: _____

Phone Number: (h) _____ (b) _____

(fax) _____ (e-mail) _____

Preferred Evaluation Date: _____ Location: _____

Current Coach: _____

Present Employer: _____

Type Of Work: _____

Address: _____

Phone Number: _____

EDUCATION:

Highest Grade Completed: _____

Do you hold a:

Certificate

Degree

Diploma

If so, please name: _____

How many years have you been riding? _____

Who were/are your most recent coaches? _____

Do/have you own(ed) you own horse? _____ Number of Years? _____

How many years have you been coaching? _____

Did you receive formal coaching training? _____

If so, where? _____

Number of regular students? _____ Age Groups? _____

What levels? _____

Why do you want to be a certified E.C Coach? _____

PLEASE READ THE FOLLOWING CAREFULLY:

I do hereby release the facility at which this evaluation is being conducted, the course conductor and the OEF/EC from any liability for any injuries or damage to myself, horse, or property caused during the above mentioned evaluation.

Applicants Signature: _____ Date: _____

Don't forget to include copies of your:

- 1) Current First Aid Certificate
- 2) NCCP Theory 2/Module B Certificate of Completion
- 3) Completed Mentor Program
- 4) Proof of Competition, Training & Coaching prerequisites
- 5) Copy of current EC Gold (at minimum) Sport License and OEF membership
- 6) Copy of "Learn to Teach" Certificate (if not completed for Level 1 certification) & NCCP Theory 1/Part A Certificate of Completion **OR** New NCCP/EC 2-Day Training Workshop Certificate
- 7) Signed copy of Code of Ethics & Coaching Code of Conduct
- 8) Signed Acceptance of Risk Form
- 9) Stable Request Form – if you require stabling, application must be submitted with payment to the OEF at time of registration.
- 10) Completed Evaluation form with accompanying cheque for \$262.50 made payable to OEF or Visa/MasterCard information (name, card #, expiry)

Return this application to: Ontario Equestrian Federation
9120 Leslie Street, Suite 203, Richmond Hill, Ontario L4B 3J9
Tel#: (905) 709-6545 Toll-free# 1-877-441-7112 Fax#: (905) 709-1867

CANCELLATIONS:

Full registration refunds will be provided for written cancellations received prior to 30-days before the Evaluation; a 25% administration fee will be applied to refunds requested after that date, however, **NO REFUNDS** will be granted less than 14-days prior to the date of the Evaluation or for no-shows. The OEF reserves the right to cancel session(s) due to unforeseen circumstances or insufficient advance registration. The OEF cannot accept responsibility for expenses incurred as a result of the cancellation of an Evaluation.

METHOD OF PAYMENT

Cheque Money Order Card Number: _____

VISA MasterCard Expiry: _____ CSV#: _____

Name on Card: _____

Signature: _____