



“Working” with Horses – Participant Registration Form Dates: Tuesdays
5th, 12th and 19th May 2nd, 9th, 16th, 23rd and 30th June Times: 8.30-
11.30am

Location: HorsePower Australia Hills group - Sawyer’s Valley or Chidlow, TBA

Personal Details

Full Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____ Email: _____

Gender: Male Female Non-binary Prefer not to say

Other: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Email: _____

Medical Information

Relevant Medical Conditions:

Allergies:

Medications:

Support Needs (physical, learning, behavioural):

Background

Education

School / Training / Qualifications:

Previous Work or Volunteering Experience

Interests and Hobbies

Work Skills & Goals

Skills the participant would like to develop:

- Communication Customer service Teamwork Time management
 Computer skills Problem solving Workplace safety
 Other: _____

Career Interests:

Short Term Goals:

Long Term Goals:

Support Requirements

- Preferred Learning Style: Visual Verbal instruction
 Written instruction Practical / Hands-on

Supports Required During Program:

Consent and agreement

I confirm the information provided is accurate and consent to participate in the Work Skills Programme.

I understand that this program is paid in full prior to starting and takes responsibility for payment up to the advertised maximum cost when invoiced. There are no refunds for this programme.

Participant Name: _____

Signature of participant: _____

Name (please print), relationship, and signature of participant's representative (if applicable): _____

Date: _____

Staff Use Only

Intake Staff Name: _____

Date Received: _____

Invoice and program information provided (initial): _____

Payment received (date): _____

HorsePower Australia membership application and payment received (initial): _____

Notes:
