

CANDIDATE REGISTRATION FORM CERTIFICATE AND ADVANCED CERTIFICATE IN EQUINE TRANSPORT

PLEASE COMPLETE IN BLOCK CAPITALS

Title	Forename	Surname

Address

Post Code:	National Insurance No.	Date of Birth

Ethnic Origin:			
British (white)	Irish (white)	Any other white	
White & Black Caribbean (mixed)	White & Black African (mixed)	White & Asian (mixed)	
Any other mixed	Indian (Asian & Asian British)	Pakistani (Asian & Asian British)	
Bangladeshi (Asian & Asian mixed)	Any other Asian	Caribbean (Black or Black British)	
African (Black or Black British)	Another other Black	Chinese (Chinese or other ethnic group)	
Any other ethnic group	Not specified		

Please indicate which qualification is being applied for			
Certificate in Equine Transport			
	Attendant	Attendant/Driver	
Advanced Certificate in Equine Transport			
Attendant	Driver	Attendant/Driver	

Particular Assessment Requirements:	
Learning difficulties and/or disability	
No learning difficulties and/or disability	
If the candidate has a Particular Assessment Requirement, please state the category (as detailed in Section 10 of the Operational Handbook). For Centre use only.	

BHEST Centre

Candidate Signature

For BHEST Office Use Only

Registration No.

Date Registered