

CHERRY ORCHARD EQUINE CENTRE
APPLICATION FORM

YOUNG PERSON:

Name:
Address:
Date of Birth :
PPS Number:
Daytime Contact Number:

Parent/Guardian:

Name of Parent or Guardian:
Daytime Contact Number of above:

REFERRAL:

Referral Agency:
Address:
Contact Name:
Telephone number:

Please note:

Referral agency/group will be expected to provide on-going support to the young person while attending the Equine Centre.

SERVICE:

What service are you interested in? (Please tick)

CTC
Youth service
Community Riding

Centre Ethos:

We endeavour to provide a safe & secure environment for young people, staff & visitors to the centre while maintaining respect for all those who enter the facilities. We are committed to supporting the personal development of all young people & staff in the centre.

Do you commit to abide by this ethos while attending the centre? (Please tick)

YES	NO
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.....
Young Person

.....
Parent/Guardian

.....
Agency/Group

The young person will also be expected to register with their individual chosen service provider.