

APPLICATION FOR A RIDERS QUALIFICATION CERTIFICATE (RQC) For the 2015 / 2016 POINT-TO-POINT SEASON



UNDER THE BRITISH HORSERACING AUTHORITY REGULATIONS FOR POINT-TO-POINT STEEPLE CHASES
PLEASE COMPLETE IN FULL – ALL THE INFORMATION IS NEEDED. PLEASE RETURN ALL PAGES OF THE APPLICATION FORM

1. TO BE COMPLETED IN BLOCK CAPITALS & SIGNED BY THE NOMINATED MASTER OR HUNT SECRETARY

THIS IS TO CERTIFY THAT:				
TITLE	CHRISTIAN NAME (S)	SURNAME (Please print maiden name if relevant)		
ADDRESS				
POSTCODE		D.O.B		
MAIN CONTACT NO	EMAIL (PLEASE PRINT)			

IS A: (* highlight as appropriate):				
MASTER*	MEMBER*	SUBSCRIBER*	FARMER*	ONE DAY CAP (Minimum £50)*
OR A SON / DAUGHTER / SPOUSE OF A: (State one of the above except One Day Cap):				
OF/TO THE (PACK NAME)				
I confirm that the above details are correct. I also confirm (but without having made enquiries) that I have received no information, nor have I witnessed any incident, which causes me to conclude that the applicant has a lack of riding skill such that he/she would present an unacceptable safety risk if permitted to ride in Point-to-Points:				
SIGNED PRINT NAME..... DATE:..... (Nominated Signatory)				

2. TO BE COMPLETED IN FULL BY THE APPLICANT:

IF THIS WILL BE YOUR FIRST RIDE IN A POINT-TO-POINT RACE PLEASE TICK <input type="checkbox"/>	If NO - Number of P2P WINS to date	DATE OF FIRST EXPECTED RIDE?
I HOLD A CATEGORY "A" <input type="checkbox"/> "B" <input type="checkbox"/> LICENCE?	OTHER please specify	PLEASE TICK IF YOU ARE A MEMBER OF H.M. FORCES <input type="checkbox"/>
FULL RQC @ £182.67 <input type="checkbox"/>	ONE HUNT RACE RQC @ £38.23 <input type="checkbox"/>	Donations to IJF £.....
TOTAL PAYMENT DUE £..... e.g. the sum relevant to the fees listed		I ENCLOSE A CHEQUE AS PAYMENT <input type="checkbox"/>
PAYMENT WILL BE MADE BY BACS OR CHAPS (see page 2 for details) <input type="checkbox"/>		PAYMENT WILL BE MADE VIA MY RSS FUNDS <input type="checkbox"/>
PPORA ANNUAL MEMBERSHIP @ £25 <input type="checkbox"/>	The PPORA was originally formed to look after riders' and owners' interests. Not payable via RSS funds	

DECLARATION

I agree to be bound by the British Horseracing Authority Point-to-Point Regulations or part thereof currently in force and confirm that the information given to the Point-to-Point Authority by the Hunt Secretary regarding my contact details is correct. By signing this declaration, I agree to personal information held by the PPA and/or provided in this form being used and disclosed as described below. I hereby consent for the British Horseracing Authority ("BHA") to release to the PPA any medical information held by it related to this application or my future fitness to ride (the "BHA Records"), and that the BHA Records shall only be shared where necessary. Once shared, I understand that the PPA shall be principally responsible for ensuring protection of the BHA Records in accordance with the Data Protection Act 1998 and the medical consent provisions in the Declaration of Health form. I understand that if I ever wish to revoke my consent for the BHA to share the BHA Records, I must notify the BHA and PPA in writing of that fact.

I acknowledge that when riding under the British Horseracing Authority Regulations for Point-to-Point Steeple Chases, there is a very high risk of injury to me in comparison to other sporting activities and that such a risk can come from other riders and horses. I accept that by taking part in amateur horseracing under the British Horseracing Authority Regulations for Point-to-Point Steeple Chases my physical safety could be endangered and that neither the British Horseracing Authority, the Point-to-Point Authority nor the organisers have a responsibility to assess the skill and experience of riders and horses taking part. However, I confirm that I believe myself to be a competent rider who has schooled over fences and is capable of riding in Point-to-Point Steeple Chases.

I acknowledge that if I suffer a concussion event, the BHA reserves the right to retain and / or disable my helmet in exchange for a bounty of £80 to be paid into my Weatherbys account or by BACS if no Weatherbys account is held by me.

Signed:

Date:

PLEASE NOTE: Only the nominated signature(s) as supplied by the qualifying hunt will be accepted.

PLEASE ANSWER THE FOLLOWING QUESTIONS
ANSWERS WILL BE TREATED IN THE STRICTEST CONFIDENCE

1. WHAT IS YOUR OCCUPATION? (Please state if you are a student)

2. HOW MANY POINT-TO-POINT HORSES DO YOU OWN? NONE 1 2 3-4 5+

3. HOW OFTEN DO YOU SCHOOL HORSES OVER FENCES PRE-SEASON AND DURING THE SEASON?

At least once a week Once a week Once a fortnight Once a month

Other (specify).....

4. WHO PAYS FOR YOUR RQC?

Yourself Relative Employer Other (please specify).....

5. DO YOU RIDE FOR A SPECIFIC OWNER(S) Yes No

If yes, how many.....

RIDERS DATABASE

It is hoped that a riders database will be available for the season on the National Website www.pointtopoint.co.uk, if you do not wish your details to be published on the site please email info@pointtopointracingcompany.co.uk

METHODS OF PAYMENT:

CHEQUE: ALL CHEQUES TO BE MADE PAYABLE TO: 'The Point-to-Point Authority Limited'
(N.B.If this method of payment is used 10 working days will be given before the RQC can be issued)

BACS/CHAPS PAYMENTS: Bank: Weatherbys
Account No: 00595434
Sort Code: 60-93-03
Reference:
(Please indicate so payment can be matched to application. Failure to do so will affect the application process time).

(N.B. As soon as payment is confirmed to the account and medical clearance has been given the RQC will be issued. Payment by CHAPS should reach the account the same day it's made. Payment by BACS takes up to 3 working days)

Cash or Postal Orders are **NOT** acceptable.

ALL THE APPLICATION PAPERWORK INCLUDING MEDICAL FORMS (DECLARATION OF HEALTH IS MANDATORY) & PAYMENT MUST BE RETURNED TO:

THE POINT-TO-POINT AUTHORITY LIMITED
30A Shrivenham Hundred Business Park,
Majors Road, Watchfield, Swindon SN6 8TZ
Tel: 01793 781990
Fax: 01793 780791
Email: info@p2pa.co.uk

PLEASE ENSURE YOU PUT THE CORRECT POSTAGE ON YOUR APPLICATION WHEN RETURNING IT. FINES FOR UNDERPAID POSTAGE WILL NOT BE PAID BY THE PPA AND THEREFORE YOUR APPLICATION WILL NOT BE DELIVERED.

Data Protection Act 1998

The Point-to-Point Authority (PPA) will use the information which you have provided (and retain it where necessary) in the following ways (this also applies to information which we have collected about you in previous years):

- to assess your eligibility to ride in point to point races and in other races run under BHA rules;
- to manage your riders qualification certificate for point to points (to include contact with you in relation to lost property or any investigations relating to the BHA Regulations and/or Instructions for point to point steeplechases from time to time in force);
- to keep in touch with you regarding your RQC;
- to perform its contractual obligations to the BHA in relation to the promotion and administration of P2P (the BHA retaining responsibility for its regulation);
- to send PPA mailings such as regarding changes to the fixture list, meeting arrangements,
- to send marketing mailings such as the Pointer magazine (for which you will have the opportunity to opt out);
- to collate anonymised statistics, for example about the number of jockeys riding in point to points and the number of years for which they have held a RQC;
- to conduct surveys relating to riders' participation in point to points.

The PPA may also share information with third parties as follows:

- The PPA may share information about you with the BHA and other recognized racing authorities such as the Turf Club for the purposes described above, for example to enable the BHA to perform its regulatory function, but only where this is necessary;
- The PPA may also share information about you where it has a legal obligation to do so;
- In addition, the PPA will use information about your health as set out in the Medical Declaration Form.

From time to time, we may send (or arrange to be sent) details of products and services that may be of interest to you.

If you do not want to receive such material, please tick this box

Private and Confidential DECLARATION OF HEALTH FOR 2015/2016 POINT-TO-POINT SEASON



TO BE RETURNED TO THE POINT-TO-POINT AUTHORITY ALONG WITH ALL RELEVANT MEDICAL PAPERWORK (see address over)

TO BE FILLED IN BY THE RIDER - PLEASE PRINT CLEARLY, IF COMPLETING BY HAND

PERSONAL DETAILS									
SURNAME			ALL FORENAMES						
ADDRESS									
						POSTAL CODE			
DAYTIME TEL. NO.				EMAIL					
AGE		D.O.B.		HEIGHT		RIDING WEIGHT			
NAME OF GENERAL PRACTITIONER									
PRACTICE ADDRESS									
DATE OF LAST 4-PAGE MEDICAL WITH GP				(If you are a first time applicant, who has NOT applied for an Amateur Riders Permit you must submit a completed and signed 4-page medical form by your GP)					
PLEASE <u>TICK</u> IF YOU HAVE PREVIOUSLY HELD A RIDERS QUALIFICATION CERTIFICATE									
PLEASE <u>TICK</u> IF YOU HELD AN AMATEUR RIDERS PERMIT WITH THE BHA OR ANY OTHER TURF AUTHORITY IN THE PAST									
PLEASE <u>TICK</u> IF YOU HOLD A CURRENT AMATEUR RIDERS PERMIT									
PLEASE <u>TICK</u> IF YOU CURRENTLY HOLD A MEDICAL RECORD BOOK ISSUED BY THE BRITISH HORSERACING AUTHORITY, HRA, JOCKEY CLUB OR IRISH TURF CLUB.									
PLEASE TICK IF YOU HAVE EVER HAD A LICENCE OR PERMIT REFUSED OR DEFERRED IN POINT-TO-POINT RACING OR UNDER RULES ON MEDICAL GROUNDS									
DATE OF REFUSAL / DATE OF DEFERMENT									
DATE OF REINSTATEMENT (if applicable)									
HOW MANY RIDES PER SEASON DO YOU HAVE? (approximately)									
ARE YOU CURRENTLY DISQUALIFIED OR AN EXCLUDED PERSON WITH THE BHA OR ANY OTHER RECOGNISED TURF AUTHORITY									
								YES NO	

PAST MEDICAL HISTORY – PLEASE COMPLETE IN FULL									
Please list all injuries and serious illnesses (requiring medical attention) THAT YOU HAVE EVER SUFFERED (not just sustained whilst racing) and in particular provide details of any fractures, dislocations, operations and hospital admissions. (Continue on an extra page if necessary)									
INJURY/ILLNESS/FRACTURES/DISLOCATIONS/OPERATIONS								DATE	
HAVE YOU EVER SUFFERED FROM CONCUSSION?								YES NO	
IF “YES” PLEASE LIST ALL CONCUSSIVE EPISODES YOU HAVE HAD TOGETHER WITH <u>DATES</u>									
Please list ALL medications you are currently taking or have taken for more than 7 consecutive days in the last 12 months (excluding the contraceptive pill)									
DO YOU CURRENTLY HOLD A VALID DRIVERS LICENCE?								YES NO	
HAVE YOU EVER HAD YOUR DRIVING LICENCE REVOKED OR SUSPENDED FOR MEDICAL REASONS?								YES NO	

YOUR APPLICATION FOR A RIDERS QUALIFICATION CERTIFICATE CANNOT BE PROCESSED UNLESS ALL RELEVANT MEDICAL DETAILS ARE GIVEN ON THIS FORM. N.B. STATEMENTS LIKE "PLEASE SEE MEDICAL RECORD BOOK" OR "PLEASE REFER TO PREVIOUS APPLICATION" ARE NOT SUFFICIENT.

All riders falling into the following categories will also be required to submit a completed 4 page medical form before a certificate is issued:

1. All first time applicants.
2. Every 5 years there on in.
3. Applicants who, on 29th November 2015, are aged 55 or over – or who reach 55 before 30th June 2016 – will require an ANNUAL 4 page medical.
4. Applicants who, on 29th November 2015, are aged 60 or over – or who reach 60 before 30th June 2016 – will require an ANNUAL 4 page medical and the results of a recent exercise stress test.

Please note: In addition to the above categories, applicants may be required to submit subsequent 4 page medical forms at the discretion of the BHA Chief Medical Adviser/PPA Senior Medical Officer and in consideration of their medical history.

For all riders who hold a current Amateur Rider's Permit to ride under Rules, the Medical arrangements under Rules will always take precedence over the medical screening for Point-to-Points. Under these circumstances, riders will have a medical carried out as required for Amateur Riders by the Licensing Committee of The British Horseracing Authority and do not need to have additional examinations to satisfy the British Horseracing Authority Point-to-Point Regulations.

Should you have any queries, please contact The Point-to-Point Authority on 01793 781990.

MEDICAL CONSENT

In this form we have asked you to supply personal information such as your contact and health details. We may also collect further information from you during the course of the season, for example if you are injured in a fall. We may keep a record of any injuries and medical conditions from which you suffer. We may also seek medical information from the British Horseracing Authority, further to your consent in your Application for a Riders Qualification Certificate.

The information we collect about you (and that which we have collected about you in previous years) may be used in the following ways:

- to assess your fitness to ride in point to points;
- to assess your compliance with the BHA Regulations and Instructions for point to point steeplechases from time to time in force;
- to manage your rider's qualification certificate for point to points and any licence(s) for racing under other BHA rules and/or your medical record book(s);
- to perform our contractual obligations in relation to the promotion and administration of P2P (the BHA retaining responsibility for its regulation);
- to help to ensure your safety and the safety of others in any activities in which you take part. For example, if you suffer a fall during a point to point, we may use information about your health and medical conditions to ensure that you receive the appropriate care;
- to enable us to contact you in relation to surveys about health and medical issues (following disclosed injuries or medical conditions) and/or fitness to ride;
- to collate injury and health information to help us to manage medical arrangements and safety at point to points generally and arrange training for point to point doctors, paramedics, clerks of the course and secretaries;
- to provide information to the PPA's insurance brokers and/or insurers for the purposes of obtaining insurance and/or processing any claim under that insurance;
- We may also share information with third parties as follows:
 - with doctors, paramedics and nurses, to include Point to Point Doctors and paramedics, the PPA Senior Doctor, those doctors on the PPA's Medical Advisory Committee, the BHA's Chief Medical Adviser and racecourse Medical Officers, but only where this is necessary for the purposes described above;
 - with the BHA and other recognized racing authorities such as the Turf Club for the purposes described above, but only where this is necessary;
 - with the PPA's insurance brokers and/or insurers for the purposes described above, but only where this is necessary;
 - where we have a legal obligation to do so.

I acknowledge that when riding under the British Horseracing Authority Regulations for Point-to-Point Steeple Chases, there is a very high risk of injury to me in comparison to other sporting activities and that such a risk can come from other riders and horses. I accept that by taking part in amateur horseracing under the British Horseracing Authority Regulations for Point-to-Point Steeple Chases my physical safety could be endangered and that neither the British Horseracing Authority nor the organisers have a responsibility to assess the skill and experience of riders and horses taking part. However, I confirm that I believe myself to be a competent rider who has schooled over fences and is capable of riding in Point-to-Point Steeple Chases.

By signing the declaration below, I hereby consent for the British Horseracing Authority ("BHA") to release to the PPA any medical information held by it related to my application for a Riders Qualification Certificate or my future fitness to ride (the "BHA Records"), and that the BHA Records shall only be shared where necessary. Once shared, I understand that the PPA shall be principally responsible for ensuring protection of the BHA Records in accordance with the Data Protection Act 1998 and the medical consent provisions in this form. I understand that if I ever wish to revoke my consent for the BHA to share the BHA Records, I must notify the BHA and PPA in writing of that fact. I undertake to notify the PPA within 7 days of any change to my home address, mobile or home phone number.

DECLARATION

I confirm that I am in good mental and physical health and I know of no condition that would currently preclude me from riding in Point-to-Points. I declare that the information provided on this form is complete and true, to the best of my knowledge. By signing this declaration, I agree to my personal information held by the PPA and/or provided in this form being used and disclosed as described above.	
Signed	Date
I, as a parent/guardian, am happy for the named applicant to ride in Point-to-Points. (If applicant is under 18 yrs old)	
Signed	Date
Relationship to applicant	

N.B. Supplying false information will invalidate your Point-to-Point Riders Insurance and put you in breach of Regulations 170 (v) and (vi) of the British Horseracing Authority Regulations for Point-to-Point Steeple Chases 2015/2016. ANY CHANGE IN YOUR MEDICAL STATUS SUBSEQUENT TO THE ABOVE DATE MUST BE ADVISED TO THE BHA'S CHIEF MEDICAL ADVISER IN WRITING OR BY FAX ON 0207 152 0136 AS IT MAY AFFECT YOUR INSURANCE.

You are reminded that ALL riders who suffer a concussion will be suspended and will not be allowed to return to race riding until they are cleared by the The British Horseracing Authority Medical Department after completing the Concussion Protocol. Your return to riding timescale is likely to be quicker if you already have a "Cogsport" baseline result. Should you be interested in undergoing the optional baseline testing procedure further details are available from: The Medical Department of the British Horseracing Authority on 0207 152 0138

PLEASE RETURN ALL MEDICAL PAPERWORK ALONG WITH THE APPLICATION FORM AND PAYMENT TO:

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