



# APPLICATION FOR A RIDERS QUALIFICATION CERTIFICATE (RQC) For the 2019/2020 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 AND ALLOW **AT LEAST 10 WORKING DAYS** BEFORE YOU WISH TO RIDE  
IN CASES WHERE FURTHER INFORMATION IS REQUIRED APPLICATIONS MAY TAKE LONGER**

Section 1 – Personal Details & Declaration

Section 2 – Riding Details

Section 3 - Hunt Signatory

Section 4 – PPORA Membership

Section 5 – Health Declaration

**ALL APPLICATION PAPERWORK INCLUDING MEDICAL FORMS (DECLARATION OF HEALTH IS MANDATORY FOR ALL RIDERS)  
& 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 Email: [info@p2pa.co.uk](mailto:info@p2pa.co.uk)

**PLEASE SEND YOUR COMPLETED FORM TO THE PPA VIA EMAIL, [info@p2pa.co.uk](mailto:info@p2pa.co.uk) OR POST. IF SENDING BY POST, 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**

**SECTION 1: TO BE COMPLETED IN FULL BY THE APPLICANT**

TITLE		FORENAME(s)		SURNAME	Please include maiden name if relevant
DOB		MAIN CONTACT NUMBER		EMAIL	
ADDRESS					

**DECLARATION**

I agree to be bound by the British Horseracing Authority Point-to-Point Regulations or part thereof currently in force. 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 2018, GDPR 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. 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 in the event of a concussion, the BHA reserves the right to retain my helmet in exchange for a voucher redeemable at a BETA stockist.

Signed: ..... Date: .....

**SECTION 2 TO BE COMPLETED IN FULL BY THE APPLICANT**

DATE OF FIRST EXPECTED RIDE:		PLEASE TICK IF YOU ARE A MEMBER OF H.M. FORCES <input type="checkbox"/>		
Is this your first application to ride in a Point-to-Point? Yes/No	If the answer to this question is <b>Yes</b> , you are required to complete an assessment prior to the issue of your RQC unless you have ridden in a race over hurdles or fences since 1 <sup>st</sup> December 2014. For full information please see the information for riders’ section on the National Website ( <a href="http://www.pointtopoint.co.uk">www.pointtopoint.co.uk</a> )	Date of assessment (if completed or booked) .....		
Have you ridden in a Point-to-Point or race over hurdles or fences since 1 <sup>st</sup> December 2014? Yes/No	If you have not ridden in a Point-to-Point or a race over hurdles or fences since 1st December 2014 you are required to complete an assessment prior to the issue of your RQC. For full information please see the information for riders’ section on the National Website ( <a href="http://www.pointtopoint.co.uk">www.pointtopoint.co.uk</a> )	Name of assessor (Jockey Coach) or venue of Training Day which includes assessment (eg.BRS) .....		
OTHER LICENCES HELD	I HOLD A CATEGORY: A <input type="checkbox"/> B <input type="checkbox"/> PERMIT	OTHER .....		
NUMBER OF WINS:	POINT-TO-POINT	AMATEUR	CONDITIONAL/APPRENTICE	ARAB

I AM APPLYING FOR A:		
FULL RQC @ £227.35 <input type="checkbox"/>	ONE HUNT RACE RQC @ £54.04 <input type="checkbox"/>	Point to Point Owners and Riders Association (PPORA) MEMBERSHIP Rider 2019 - 2020 £25 <input type="checkbox"/> First Season Rider 2019 – 2020 Free <input type="checkbox"/> Please complete section 4 <b>Please note that PPORA Membership cannot be paid by RSS funds.</b>
I WOULD LIKE TO INCLUDE A DONATION TO THE INJURED JOCKEYS FUND FOR £.....	TOTAL PAYMENT DUE £..... (Sum of the relevant fees listed)	
I WILL MAKE PAYMENT BY:	CHEQUE (enclosed) <input type="checkbox"/> ALL CHEQUES TO BE MADE PAYABLE TO: 'The Point-to-Point Authority Limited'. Please ensure that all cheques are SIGNED and for the correct amount BACS or CHAPS <input type="checkbox"/> to the following account: <b>Bank: Weatherbys Account No: 00595434 Sort Code: 60-93-03.</b> Payment Reference: ..... (Please provide <b>surname as a minimum</b> of rider so payment can be matched to application. Failure to do so will affect the application process time) RSS FUNDS (please note you cannot pay PPORA membership using RSS funds - see section 4) <input type="checkbox"/>	
N.B. As soon as payment is confirmed to the account and medical clearance has been given the RQC will be issued. <b>WE CANNOT ACCEPT PAYMENT VIA CARD OVER THE PHONE</b>		

**Data Protection Act 2018**

Your privacy is important to us. The PPA's privacy and data protection policy can be viewed via the downloads section of the National Point-to-Point website ([www.point-to-point.co.uk](http://www.point-to-point.co.uk)). The policy contains information on how we use your personal information and the choices you can make about how it is used.

This season, the PPA will again provide a Riders directory on the National Website ([www.pointtopoint.co.uk](http://www.pointtopoint.co.uk))

If you wish to give permission for your name, mobile telephone number, area qualified in and novice rider status to appear within this directory please opt in by ticking the box.

**SECTION 3**

**TO BE COMPLETED AND SIGNED BY THE NOMINATED MASTER OR HUNT SECRETARY**

THIS IS TO CERTIFY THAT:					
TITLE		FORENAME(s)		SURNAME	Please include maiden name if relevant
ADDRESS					

IS A: (tick/highlight as appropriate)									
MASTER		MEMBER		SUBSCRIBER		FARMER		ONE DAY CAP (Minimum £50 paid to hunt)	
OR A SON/DAUGHTER/SPOUSE OF A: (state one of the above EXCEPT one day cap)									
OF/TO THE: (PACK NAME)									
<p>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:</p> <p>SIGNED ..... PRINT NAME..... DATE: .....</p> <p>(Nominated Signatory)</p>									

**PLEASE NOTE:** Only the nominated signature(s) as supplied by the qualifying hunt will be accepted. A list of these are available within the downloads section on the National Website [www.pointtopoint.co.uk](http://www.pointtopoint.co.uk)

## SECTION 4 – Point to Point Owners and Riders Association (PPORA) MEMBERSHIP

The PPORA is an independent organisation promoting the interests and viewpoints of participants. Throughout the season there are PPORA Club Members' Conditions Races at meetings across the Areas and to ride in these races you must have joined the PPORA and paid your membership fee before declaration.

Membership for the 2019 – 2020 Season is FREE for new riders, and for all other riders the cost is £25

To join please complete the THREE steps below:

**1) Tick the box indicating which membership option applies:**

**NEW RIDERS** in 2018 – 2019 are offered FREE PPORA membership. This will only be set up if you accept the offer by **TICKING** this box

For **ALL OTHER RIDERS** PPORA ANNUAL MEMBERSHIP is £25. Please tick this box if you wish to join the PPORA

By ticking a box to request PPORA membership you are consenting for the PPA to share your name, postal address, your email address and phone number with the PPORA who will use this information in compliance with their Data Privacy Notice which can be found at [www.ppora.co.uk/data-privacy-notice](http://www.ppora.co.uk/data-privacy-notice)

**2) Complete your details in the section below:**

TITLE		FORENAME(s)		SURNAME	Please include maiden name if relevant
DOB		MAIN CONTACT NUMBER		EMAIL	
ADDRESS					

**3) If you have chosen paid PPORA membership, please remember to include valid payment for your PPORA membership (see Section 2). Your payment options for PPORA membership are:**

- a) Cheque for £25 payable to the Point to Point Owners & Riders Association
- b) Add £25 to your total payment by BACS or CHAPS

**PPORA Membership is NOT PAYABLE BY RSS Funds – you MUST pay by one of the methods above – your membership will not be processed, and you will NOT BE ELIGIBLE to ride in PPORA Races until valid payment is received**

**Subject to valid payment your PPORA Membership will be valid from the date on which your RQC is issued**

The PPORA Membership team can be contacted on [membership@ppora.co.uk](mailto:membership@ppora.co.uk)

# Private and Confidential

## DECLARATION OF HEALTH FOR 2019/2020 POINT-TO-POINT SEASON

**IF YOU ARE A FIRST-TIME RIDER YOU MUST ALSO COMPLETE A BHA MEDICAL (unless you have had one as an amateur in the last 5 years)**

SURNAME				FORENAME(s)			
AGE		DOB		HEIGHT		RIDING WEIGHT	
NAME OF GP				GP ADDRESS			
DATE OF LAST BHA MEDICAL EXAMINATION BY YOUR GP (If you are a <b>first-time rider</b> you <b>must</b> submit a <b>completed and signed</b> BHA medical form from your GP)							
PLEASE <b>TICK</b> IF YOU HAVE HELD AN AMATEUR RIDERS PERMIT WITH THE BHA OR ANY OTHER TURF AUTHORITY IN THE PAST							
PLEASE <b>TICK</b> IF YOU CURRENTLY HOLD A MEDICAL RECORD BOOK ISSUED BY THE BRITISH HORSERACING AUTHORITY, HRA, or THE JOCKEY CLUB.							
PLEASE <b>TICK</b> 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)		
ARE YOU CURRENTLY DISQUALIFIED OR AN EXCLUDED PERSON WITH THE BHA OR ANY OTHER RECOGNISED TURF AUTHORITY							YES <input type="checkbox"/> NO <input type="checkbox"/>

DECLARATION OF HEALTH- PLEASE COMPLETE IN FULL		
Please list ALL operations, hospital admissions, head injuries/concussions, fractures and dislocations that you have EVER suffered together with dates (including any unconnected with racing)		
INJURY/ILLNESS/OPERATIONS	DETAILS (LOCATION/OPERATIONS/HOSPITAL ADMISSIONS)	DATE
Please list all injuries and serious illnesses (requiring medical attention that you have suffered since last RQC including any unconnected with racing)		
Please list ALL medications you are currently taking or have taken for more than 14 consecutive days in the last 12 months (excluding the contraceptive pill)		DATE STARTED
HAVE YOU EVERED SUFFERED FROM CONCUSSION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE GIVE DETAILS:		
<b>ALL CONCUSSIONS WILL REQUIRE A BHA POST CONCUSSION TEST</b>		
HAVE YOU EVER HAD A BASELINE CONCUSSION TEST? YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE OF TEST: VENUE:
DO YOU CURRENTLY HOLD A VALID DRIVERS LICENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU EVER HAD YOUR DRIVING LICENCE REVOKED OR SUSPENDED FOR MEDICAL REASONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Within the last five years have you received treatment, counselling or sought medical attention for any condition related to alcohol or drug consumption

YES  NO

If yes, please give details:

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 BHA medical form before a certificate is issued:

1. All first-time applicants.
2. Every 5 years there on in.
3. Applicants who, on 19th November 2019, are aged 55 or over – or who reach 55 before 30th June 2020 – will require an ANNUAL BHA medical.

**Please note: In addition to the above categories, applicants may be required to submit subsequent BHA medical forms at the discretion of the BHA Chief Medical Advisor/PPA Medical Advisor and in consideration of the rider's 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 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 Medical Advisor, the BHA's Chief Medical Advisor 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.

N.B. Supplying false or incomplete 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 2018/2019. **ANY CHANGE IN YOUR MEDICAL STATUS SUBSEQUENT TO THE ABOVE DATE MUST BE ADVISED TO THE BHA'S CHIEF MEDICAL ADVISOR IN WRITING OR BY EMAIL [medical@britishhorseracing.com](mailto:medical@britishhorseracing.com) 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 British Horseracing Authority Medical Department after completing the Concussion Protocol. Your return to riding timescale is likely to be quicker if you already had a baseline concussion test 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 152 111

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 2018 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	

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

**The Point-to-Point Authority Limited  
30A Shrivenham Hundred Business Park,  
Majors Road, Watchfield, Swindon SN6 8TZ  
Tel: 01793 781990 Email: info@p2pa.co.uk**

**Join our FaceBook group for 2019/20 riders now!**

**This closed group is for key information and updates aimed specifically for riders that hold a current RQC. Click the link below to request to join:**

**<https://www.facebook.com/groups/540247140070454/>**