



PHOTO
1 recent (last 6 months) passport size photo to be attached

TRAINEE JOCKEY COURSE - Information Sheet

You must complete every section or your application cannot be accepted, this is for submission directly to RACE.

General Information	
Full Name	
Address	
Date of birth	____/____/____ <i>*See note in relation to age limit to ensure you are eligible to apply*</i>
Weight	Height:
Mobile phone no. (applicant) <i>(Must have)</i>	
E- mail address (applicant) <i>(Must have)</i>	
Name of parent/guardian	
Mobile phone no. of parent/guardian	
E-mail address (parent/guardian)	
Home phone (Landline)	
Applicants PPS Number	
Education	
Last school attended	
Have you left school?	Yes ___ No ___ If yes, in what year did you leave? 20 ____
Current year of school	If no, what year are you currently in? _____
Junior Cert	Yes ___ No ___ Year of completion _____ If you will complete it this year, please select 'No' and then put in current year for year of completion
Leaving Cert	Yes ___ No ___ Year of completion _____ If you will complete it this year, please select 'No' and then put in current year for year of completion
Are you currently attending Youth Reach or similar	Yes ___ No ___
Do you currently receive or require learning supports? If yes please provide additional information.	Yes ___ No ___

Previous Experience

Please give basic details of any riding experience or work with horses: duration / type /location (add another page if you need to)

Data protection

The information provided on this form is collected and processed to ensure you meet the admission criteria for this course and will be entered into our database solely for the purpose of contacting you regarding this course. Your details will only be accessed by authorised persons. Please note that the information provided on these forms may be shared with any relevant third parties.

If you would like to be entered into our database to be contacted by RACE in relation to other courses in the future that may be suitable for you please tick this box

By signing below you are confirming that all information given on all documentation submitted as part of the application is accurate. Please note that RACE may request copies of full medical records if deemed necessary as part of the selection process or you may be required to attend a RACE nominated GP for clearance to take part in the course.

Signature of candidate:	Signature of guardian (if under 18):

DATE: _____