

Liability: Trainee Equine Professional Indemnity Insurance Proposal Form

This form is to be completed in conjunction with the Equisential Professional and General Liability Proposal Form.

Proposer details:

Full name:	<input type="text"/>	Date of birth:	<input type="text"/>
Physical address:	<input type="text"/>		
City, province:	<input type="text"/>	Area code:	<input type="text"/>
SAEF number:	<input type="text"/>	Telephone:	<input type="text"/>
Cellphone number:	<input type="text"/>	Email address:	<input type="text"/>

Confirm Details:

I wish to renew Trainee Equine Professional Indemnity insurance:

Required attachments:

Current first aid certificate:

Current membership of ECASA:

ECASA Prohibited Person Declaration – ECASA NCSA Coach:

ECASA and its affiliated organisations have a duty of care to their members and to the general public who interact with ECASA Coaches, as these responsibilities may involve direct and/or unsupervised contact with people under the age of 18 years. As part of this duty of care and as a requirement of the ECASA Member Protection Policy, ECASA must enquire into the background of ECASA Members applying for registration as an ECASA Coach. All ECASA Members wishing to be registered by ECASA as an ECASA NCSA Coach are required to complete the following declaration:

I Sincerely declare:

1. I do not have any criminal charge pending before the courts, nor any criminal convictions or findings of guilt for offences involving sexual activity, acts of indecency, child abuse or child pornography.
2. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, acts of violence, intimidation or other forms of harassment.
3. I have never been sanctioned for an anti-doping rule violation under any FEI SAEF or ECASA anti-doping policy (Athlete or Equine).
4. I have never participated in, facilitated or encouraged any practice prohibited by the World Anti-Doping Agency Code or any other anti-doping policy applicable to me, in the ECASA Horse Anti-Doping Policy.
5. To my knowledge there is no other matter that the ECASA may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by accepting my ECASA NCSA Coach registration.
6. I will notify the CEO of the organisation(s) engaging me immediately upon becoming aware that any of the matters set out in clauses [1 to 5] above has changed for whatever reason.
7. I acknowledge that I have read and agree to abide by the ECASA Code of Conduct for Coaches. I acknowledge I may be subject to disciplinary action if I breach the code.

Signature

Date

Capacity