

## CE & SSTA UPDATE CLINIC

Equestrian Australia acknowledges and appreciates Equestrian Victoria's assistance in enabling this course to be held.

Please complete this form and send to Karen Amore [karenamore@equestrianvictoria.com.au](mailto:karenamore@equestrianvictoria.com.au)

Registration closes and forms must be returned by COB Monday 15<sup>th</sup> July 2019

If you are a new SSTA a 3<sup>rd</sup> day will be added if numbers suffice.

### COURSE DETAILS:

#### CE & SSTA Update Clinic 2019/2020

<b>Date:</b>	<b>22-23<sup>rd</sup> July 2019</b>
<b>Venue:</b>	170 K Road, Werribee South, VIC, 3030
<b>Cost:</b>	<input type="checkbox"/> \$200 per day
<b>Course Directors:</b>	-Darryl Durham – Coach and Officiating Education Specialist. Optimum Edge. -Victorian Coaching Committee
<b>Details:</b>	<p><u>Day 1</u> Practical Day- All Participants will be expected to or ride or Coach on this day. Intro &amp; Level 1 Horse Management, Riding and Coaching will be covered</p> <p><u>Day 2</u> How to Assess Current Assessment Styles Learning how to use our Current Assessment tools</p> <ul style="list-style-type: none"> <li>- Unit 1 – Mini Presentations</li> <li>- Unit 2 Vark Learning Styles</li> <li>- Unit 3 - Role Plays</li> <li>- Unit 4 - Case Study</li> </ul> <p>Includes:</p> <ul style="list-style-type: none"> <li>- Presenter Training Course Handbook</li> <li>- Refreshments</li> </ul>

### PERSONAL DETAILS:

<b>Name:</b>	<b>EA Member No :</b>	
<b>Street Address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Email:</b>		
<b>Mobile:</b>	<b>Telephone:</b>	
<b>Dietary Concerns:</b>		

### STATUS OF THE PARTICIPANT

<input type="checkbox"/> Coach Educator (CE)	<input type="checkbox"/> Skills Specific Trainor Assessor (SSTA)
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☐ Direct Deposit: **Bank:** Westpac **BSB:** 083-909 **Account No:** 51517 1677 **Account Name:** Equestrian Victoria

Please use your name on Banking Remittance for easy referencing

Or Post to: Equestrian Victoria Address 400 Epsom Rd Flemington Vic 3031 Attention: Karen Amore

**Name on Card:** .....

**Expiry Date:** ..... / ..... **CVC:** ..... **Signature:** .....

☐ Credit/Debit Card: ☐ Visa ☐ Mastercard

**Card Number** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*To give everyone the opportunity to live their EQUESTRIAN Dream...*