

**horse**scotland Athlete Development Pathway Application Form

**Athlete Development Pathway**

The **horse**scotland Athlete Development Pathway is supported by National Lottery funding from **sport**scotland, with the aims of supporting athletes and equines:

* securing places on GB teams

And/or

* British Equestrian World Class Podium Programmes

This form is intended to enable you to provide information about you and equine/s to assist in the initial assessment of your suitability for the **horse**scotland Athlete Development Pathway, therefore please complete as fully as possible.

Any incomplete application forms will not be accepted - you may wish to ask your coach or a **horse**scotland Talent Advisorto help you complete this form. If you have any questions regarding the pathway or your application, please contact Michael at michael@horsescotland.org

**Personal Details**

|  |  |
| --- | --- |
| Application Number: (For Office Use Only) |  |
| Olympic Discipline Applying For:(please select) | DressageEventingPara DressageShowjumping |
| Olympic Discipline Membership Number: |  |
| First name: |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
|  |  |
| Email: |  |
| Mobile Telephone: |  |
| Parent/guardian Telephone (if under 18): |  |
| Parent/guardian email address (if under 18): |  |
| Date of Birth: |  |

**Meeting the Criteria**

Do you meet the criteria for your age and discipline for the Athlete Development Pathway?

Yes/ No You can find the criteria detailed in the Athlete Development Pathway Handbook.

**Please state your qualifying results for 2024**

These results need to highlight that you meet the criteria for application. You can include up to three horses which meet the criteria in this application.

|  |  |
| --- | --- |
| **Horse Name:** |  |
| **Date** | **Venue** | **Competition Level and Result** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Horse Name:** |  |
| **Date** | **Venue** | **Competition Level and Result** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Horse Name:** |  |
| **Date** | **Venue** | **Competition Level and Result** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| What were the highlights from your 2024 seasons? |
|  |

**Goals and annual plan**

Identify the main goals for each horse over the next 24 months that you have identified that meets the criteria for the Athlete Development Pathway. You should include the competitions you are aiming for as well as your identified areas for improvement.

|  |  |
| --- | --- |
| **Horse Name** | **Goals** |
|  |  |
|  |  |
|  |  |

**Please note:** Successful athletes will be expected to complete a full Annual Plan for their horses and include supporting practitioners such as physio, farrier etc.

**Additional information**

As part of the Pathway you will receive support in a variety of different areas to help your development as an effective athlete. Please complete the following table and give detail on what you do currently to develop these areas and what support you would look for from the pathway going forwards.

|  |  |
| --- | --- |
| **Area** | **Support required** |
| **Athlete fitness/strength and conditioning, nutrition** |  |
| **Athlete physio** |  |
| **Flatwork/dressage** |  |
| **Show Jumping and XC (Where applicable)** |  |

**Support Contacts**

Please provide the contact details of your home support and for the following where they apply, if you don’t see them regularly, please leave it blank:

|  |  |  |
| --- | --- | --- |
|  | Names | How regularly you engage with them including date of last visit? |
| Home Coaches (name all regular coaches) |  |  |
| Home/ Travelling Groom |  |  |
| Vet |  |  |
| Farrier |  |  |
| Equine Physio |  |  |
| Human Physio |  |  |
| Equine Nutritionist |  |  |
| Human Nutritionist |  |  |
| Fitness |  |  |
| Equine Dentist |  |  |
| Saddler |  |  |
| Other Support Team |  |  |
| Marketing/ Media |  |  |
| Sponsors |  |  |

**Coaching**

As part of the **horse**scotland Performance Pathway you are expected to adhere to the strategic aims of developing a professional workforce. This includes coaching, where you are expected to be appropriately qualified for the training you deliver and have suitable insurance.

Do you do any coaching?

* If yes, are you on the **horse**scotland Coaches Register? Yes/ No
* If no, would you like support to become a qualified coach? Yes/No
* Currently coaching without a qualification, but would like support to become qualified? Yes/No

If you already hold a coaching qualification and are not on the Coaches Register, please provide us with copies of your relevant certificates to join this (Coaching Qualification, First Aid, Safeguarding Qualifications, Insurance and PVG - where applicable). These can be sent to Emily at emily@horsescotland.org

**References**

Please give details of two referees who are willing to give you a riding reference if contacted. It is preferable at least **ONE** is an Accredited / Registered / Listed Coach (Please ask them)

|  |  |
| --- | --- |
| **Personal Trainer Referee** | **Accredited Trainer** |
| Name |  | Name |  |
| Position |  | Position |  |
| Address |  | Address |  |
| Phone |  | Phone |  |
| How long have you known the candidate |  | How long have you known the candidate |  |
| When did you last see the applicant? |  | When did you last Coach the applicant? |  |

**Signatures**

**If you are under the age of 18 please get a parent or guardian to sign for you.**

I certify that information given on this form is, to the best of my knowledge, true and complete. The individuals who are my references have agreed to support my application and be contacted if I am successful.

I understand that if any information is later discovered to be incorrect this may result in the termination of any agreement made between **horse**scotland and myself.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**How to Submit Application**

All completed forms should be sent to michael@horsescotland.org

**Closing date for applications:**

**11:59pm 12th January 2025**