



**Equine Remedial Therapy
School Application**

Full Name	
Date of Birth	
Mailing Address	
Home Phone No.	
Cell Phone No.	
Email Address:	

Education

School	Course Completed	Date

Equine Education

Program Name	Description of Course/ Certifications	Date

Work Experience

Place of Employment	Job Descriptions	Start	End

Volunteer Experience

Organization	Roles & Responsibilities	Date

Please answer the following questions:

What is your current level of experience with horses? What are your current strengths & weaknesses?

What drives you to want to be an Equine Remedial Therapist?

What scares you about becoming an Equine Remedial Therapist?

Do you have a support system to allow you to successfully study & fully participate in the course?

What are you going to do once you have completed the course?

What do you do to look after your own mind & body?

Please write a true, short story about the following topic:

Tell a story about a time where you helped a horse and how it impacted you.