

Application

Subsequent to receipt of the application (please enclose current photo) you will be invited to a personal discussion, which is part of the application process. (Please fill in the blanks legibly and in Block letters):

Surname (Title if applicable):	First name:
Born:/	in:
Nationality:	Gender (m / f):
Permanent Address:	
Street:	Phone:
Area Code / City:	E-Mail:
Alternative Address:	
Street:	Phone:
Area Code / City:	E-Mail:
Education	
Primary school/ Secondary school/ Other:	
Degree attained when:	where:
(Please enclose copy of degree)	
Prior vocational training:	
Vocational experience / Practice year:	vears

Horse trainer:(Please add focus)
Veterinary:
Veterinary:(If applicable add PhD subject matter or emphasis)
Farrier:(If applicable add additional vocational training)
Non-medical vocations/ Alternative medical vocation:
Non-medical vocations/ Alternative medical vocation.
Riding instructor:(If applicable add training licence)
Other vocations:
Vocational experience / practice year: years
yeare years
Additional Vocations (from to as):
Participation at USBC-Lectures (Subject matter when where lecturer):
Job related trainee programs (from to as where):
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Vocational horse-related training (no admission requirement)

Seminars/	Courses with	horse trainers	:				
Seminar tit	le/ lecturer/Da	te:					
Do you ow	in a horse? If	so, what breed	and since whe	n:			
Languages	S						
English:	Beginn	er / Advanced / ı	mother tongue				
German:	Beginn	er / Advanced / ı	mother tongue				
Other lang	Juages (please	e list):			Beginner / Ad	vanced / mo	other tongue
Horse ridii	na experience	e (if applicable a	dd level)				
Dresage	Jumping	Diversity		Racing	Driving	Leisure	Other
Tourname	nt successes	(Please add dis	scipline and lev	/el):			
Badges:							

Personal Background: Personal motivation to apply at the HIPPOLOGISCHE AKADEMIE/Academy for EQUINE STUDIES:						
Personal goal whilst studying at the HIPPOLOGISCHE AKADEMIE/Academy for EQUINE STUDIES:						
Personal perspective subsequent to attaining a degree from the HIPPOLOGISCHE AKADEMIE/Academy for EQUINE STUDIES:						
I affirm to have given all information truthfully and in full.						
Applicant signature Place, Date						