



AUSTRALIAN CARRIAGE DRIVING SOCIETY COACHING SCHEME

ACDS Coaching Accreditation Scheme – Application	
Name	
Contact details	Address:
	Phone:
	Email:
ACDS Club:	Membership Number:
Referees:	
1. Name:	2. Name:
Contact Details: Address: Phone: Email:	Contact Details: Address: Phone: Email:
ACDS Membership Number:	ACDS Membership Number:
I am prepared to provide information on the applicant's extensive skills in: Horsemanship <input type="checkbox"/> Please tick Carriage driving <input type="checkbox"/> relevant Communication <input type="checkbox"/> boxes	I am prepared to provide information on the applicant's extensive skills in: Horsemanship <input type="checkbox"/> Please tick Carriage driving <input type="checkbox"/> relevant Communication <input type="checkbox"/> boxes
Signature:	Signature:



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Applicants

Outline your experience that supports your extensive skills in horsemanship, carriage driving and communication, including any coaching experience. If you wish to be accredited for multiple combinations you must include relevant experience with these combinations. Add additional pages as required

Horsemanship:

Carriage driving:



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Communication

Coaching:



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I have completed the Beginning Coaching General Principles

<http://www.ausport.gov.au/participating/coaches/education/generalprinciples>

I have attached a copy of the certificate to this application. Please tick

I have obtained a Working with Children check from the state where I reside

https://www.nationalcrimecheck.com.au/police-checks-individuals/resources/working_with_children_checks_in_australia

I have attached a copy of the certificate to this application. Please tick

I apply for accreditation in the following combinations: (Note that skills in and experience with each combination will need to be demonstrated in the clinics)

Single Pair Tandem/Team

Applicant declaration:

I understand that to gain the accreditation of ACDS Coach I need to:

1. Demonstrate my extensive skills in horsemanship, carriage driving and communication to be accepted into the program.
2. Complete the Beginning Coaching General Principles.
3. Obtained a Working with Children check from the state where I reside
4. Accompany a Coach Assessor(s) to conduct carriage driving clinics.
5. Complete the 8 units of competency in a clinical setting(s).
6. Be assessed by the Coach Assessor as competent in all 8 units of competency.
7. Return the worksheets and checklist to the ACDS Coach Coordinator.

I accept that, following any appeal, the ACDS Coaching Panel’s decision is final.

I agree to uphold the standards expected of officials of the ACDS, continue to develop my coaching skills and respond to the needs of carriage driving clients, treating them at all times with respect.

Signed:

Date: