



# APPLICATION FOR A RIDER'S QUALIFICATION CERTIFICATE (RQC) For the 2025/2026 POINT-TO-POINT SEASON

UNDER THE BRITISH HORSERACING AUTHORITY REGULATIONS FOR POINT-TO-POINT STEEPLE CHASES

**PLEASE COMPLETE IN FULL – ALL THE INFORMATION IS NEEDED**

PLEASE RETURN ALL PAGES OF THE APPLICATION FORM AND ALLOW

**AT LEAST 14 DAYS** BEFORE YOU WISH TO RIDE

IN CASES WHERE FURTHER INFORMATION IS REQUIRED, APPLICATIONS MAY TAKE LONGER

Section 1 – Personal Details & Declaration

Section 4 – PPORA Membership

Section 2 – Riding Details

Section 5 – Health Declaration

Section 3 – Hunt Signatory

## **IMPORTANT – PLEASE READ**

**THE DECLARATION OF HEALTH (Page 7) IS MANDATORY FOR ALL RIDERS**

**PLEASE BE AWARE OF NEW BODY PROTECTOR & HEADGEAR REQUIREMENTS**

**Application paperwork, photograph and payment must be forwarded as follows:**

Please scan your completed application and save as a PDF then send

via email to: [rqc@p2pa.co.uk](mailto:rqc@p2pa.co.uk)

*This ensures we both have a copy; it arrives quickly, and you save postage!*

**ALL Photos** must be sent as **MEDIUM** size.

**Pay via BACS to:** Weatherbys Bank - Account No: 00595434

Account Name: The Point to Point Authority - Sort Code: 60-93-03

**Add your surname and initials as the reference.**

Alternatively, if you have no other choice - send via Royal Mail to:  
The Point-to-Point Authority Ltd, 30A Shrivenham Hundred Business Park,  
Majors Road, Watchfield, Swindon SN6 8TZ

Tel: 01793 781990

### **Correct Postage**

Ensure you have the correct postage on your envelope. Fines for underpaid postage will not be paid by the PPA and therefore your application will NOT be delivered.

**FOR OFFICE USE ONLY:**    *New:* .....    *PPORA:* .....    *Photo:* .....    *CRM:* .....    *Issued:* .....  
*BHA Medical:* .....    *Cat:* .....    *Hunt:* .....    *Payment: £*...../.....    *Email:* .....

## SECTION 1: TO BE COMPLETED AND SIGNED BY THE APPLICANT

Title		Phone	
Forename(s)		Email	
Surname	Please include Maiden name if relevant.	Address	
Date of Birth			

### DECLARATION

I agree to be bound by the British Horseracing Authority Point-to-Point Regulations or part thereof currently in force. By signing this declaration, I agree to personal information held by the PPA and/or provided in this form being used to perform our contractual obligations in relation to the promotion and administration of P2P and disclosed as described below. I hereby consent for the British Horseracing Authority ("BHA") to release to the PPA any medical information held by it related to this application or my future fitness to ride (the "BHA Records"), and that the BHA Records shall only be shared where necessary. Once shared, I understand that the PPA shall be principally responsible for ensuring protection of the BHA Records in accordance with the Data Protection Act 2018, GDPR and the medical consent provisions in the Declaration of Health form. I understand that if I ever wish to revoke my consent for the BHA to share the BHA Records, I must notify the BHA and PPA in writing of that fact. I acknowledge that when riding under the British Horseracing Authority Regulations for Point-to-Point Steeple Chases, there is a very high risk of injury to me in comparison to other sporting activities and that such a risk can come from other riders and horses. I accept that by taking part in amateur horseracing under the British Horseracing Authority Regulations for Point-to-Point Steeple Chases my physical safety could be endangered. I confirm that I believe myself to be a competent rider who has schooled over fences and is capable of riding in Point-to-Point Steeple Chases. I acknowledge that in the event of a concussion, the BHA reserves the right to retain my helmet in exchange for a voucher redeemable at a BETA stockist.

**Signed:** ..... **Date:** .....

## SECTION 2: TO BE COMPLETED IN FULL BY THE APPLICANT

DATE OF FIRST EXPECTED RIDE: .....		PLEASE TICK IF YOU ARE A MEMBER OF HM FORCES <input type="checkbox"/>
<p>Is this your first application to ride in a Point-to-Point?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If the answer to this question is <b>Yes</b>, you are required to complete an assessment prior to the issue of your RQC unless you have ridden in a race over hurdles or fences since 1<sup>st</sup> December 2020. For full information please see the information for riders' section on the National Website (<a href="http://www.pointtopoint.co.uk">www.pointtopoint.co.uk</a>)</p>	<p>Date of riding assessment (If completed or booked)</p> <p>.....</p>
<p>Have you ridden in a Point-to-Point or race over hurdles or fences since 1<sup>st</sup> December 2020</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If you have not ridden in a Point-to-Point or a race over hurdles or fences since 1st December 2020 you are required to complete an assessment prior to the issue of your RQC. For full information please see the information for riders' section on the National Website (<a href="http://www.pointtopoint.co.uk">www.pointtopoint.co.uk</a>)</p>	<p>Name of assessor (Jockey Coach)</p> <p>.....</p>
<p>Other Licences Held: I hold a Category A <input type="checkbox"/> B <input type="checkbox"/> Permit or Other: .....</p>		
Number of Wins:	Point-to-Point	Amateur
	Conditional/Apprentice	Arab

**PASSPORT STYLE PHOTO.** You are required to submit a passport style photo with this application (Either a digital head and shoulders sensible selfie or an actual photo). **If sending a digital photo, please send as MEDIUM size. Failure to do this will delay your application.**

**PLEASE TICK THIS BOX TO CONFIRM YOU HAVE SUBMITTED A PHOTO:**

☐

**I am applying for a:**

☐ 1<sup>st</sup> Season RQC 2025/26 @ **£95**

☐ 2<sup>nd</sup> Season RQC @ **£140**

☐ 3<sup>rd</sup> Season + RQC @ **£195**

☐ One Hunt Race RQC @ **£50**

**Point to Point Owners and Riders Association (PPORA) Membership**

☐ Rider 2025/26 @ £30

☐ First Season Rider 2025/26 is Free  
(Please complete section 4)

I would like to include a donation to the Injured Jockey's Fund for £.....

The total payment of fees by me is: £.....

Please Note:

**We are unable to accept payment over the phone.**

As soon as payment is confirmed to the account and medical clearance has been provided your RQC will be issued.

I will make payment by:

☐ BACS or CHAPS to the following account:

**Weatherby's Bank:** Account No: 00595434 **Sort Code:** 60-93-03

**Account Name:** The Point to Point Authority Ltd.

Payment Reference: .....

Please provide the **Surname & Initials** of the rider so payment can be matched to the application. Failure to do so may delay your application process time.

☐ RSS Funds (Riders Sponsorship Scheme)

☐ CHEQUE (enclosed)

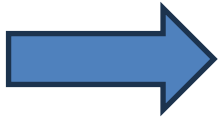
ALL CHEQUES TO BE MADE PAYABLE TO: 'The Point-to-Point Authority Limited'. Please ensure that all cheques are SIGNED and for the correct amount.

**Data Protection Act 2018**

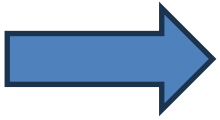
Your privacy is important to us. The PPA's privacy and data protection policy can be viewed via the downloads section of the National Point-to-Point website ([www.pointtopoint.co.uk](http://www.pointtopoint.co.uk)). The policy contains information on how we use your personal information and the choices you can make about how it is used.

The PPA provide a Riders directory on the National Website ([www.pointtopoint.co.uk](http://www.pointtopoint.co.uk))

☐ Please tick this box if you wish to give permission for your name, mobile telephone number, area qualified in and novice rider status to appear within this directory.



This is to assist us  
with our  
understanding so  
we can ensure the  
best possible service  
to yourselves



My main job is (Please select below):

- ☐ Student at School / University etc.
- ☐ Stable hand / Worker / Rider
- ☐ Working in Equestrian Business
- ☐ Farmer
- ☐ Manual Worker
- ☐ Office Worker
- ☐ City / Professional
- ☐ Armed Forces
- ☐ Other – please describe:

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**TO BE COMPLETED AND SIGNED BY A HUNT OFFICIAL**

This is to certify that: (Add name of rider)			
Title		Address	
Forename(s)			
Surname	Please include Maiden name if relevant.		

The rider is a: (tick as appropriate)	
<input type="checkbox"/> Master	<input type="checkbox"/> Member <input type="checkbox"/> One Day Cap (Minimum £50 paid to hunt)
<input type="checkbox"/> Subscriber	<input type="checkbox"/> Farmer
Or a Son / Daughter / Spouse of a (state one of the above EXCEPT one day cap):	
Of the (Name of the Pack):	
<p>I confirm that the above details are correct. I also confirm (but without having made enquiries) that I have received no information, nor have I witnessed any incident, which causes me to conclude that the applicant has a lack of riding skill such that he/she would present an unacceptable safety risk if permitted to ride in Point-to-Points:</p> <p>Signed: ..... Print Name: ..... (Hunt Official)</p> <p>Date: ..... Position within Hunt .....</p>	

**PLEASE NOTE:** If your local hunt is not known, contact the hunting office:

[info@huntingoffice.org.uk](mailto:info@huntingoffice.org.uk)



## SECTION 4: POINT TO POINT OWNERS AND RIDERS' ASSOCIATION (PPORA) MEMBERSHIP

The PPORA is an independent organisation promoting the interests and viewpoints of participants. Throughout the season there are PPORA Club Members' Conditions Races at meetings across the Areas and to ride in these races you must have joined the PPORA and paid your membership fee before declaration.

Membership for the 2025/26 Season is FREE for first time applicants. For all other riders, annual membership is £30. To join the PPORA please complete the THREE steps below:

### 1) Tick the box indicating which membership option applies:

☐ 2025/26 is my first season and I would like FREE PPORA membership for this year.

☐ This is not my first season. I would like PPORA membership for this year @ £30.

By ticking a box to request PPORA membership you are consenting for the PPA to share your name, postal address, email address and phone number with the PPORA who will use this information in compliance with their Data Privacy Notice which can be found at:

[www.ppora.co.uk/data-privacy-notice](http://www.ppora.co.uk/data-privacy-notice)

### 2) Complete your details in the section below:

Title		Phone	
Forename(s)		Email	
Surname*		Address	
Date of Birth			

\*Please include a Maiden name if appropriate

### 3) If you have chosen paid PPORA membership, please remember to include valid payment for your PPORA membership (see Section 2). Your payment options for PPORA membership are:

- a) Add £30 to your total RQC payment by BACS
- b) From your Rider Sponsorship Scheme (RSS) account
- c) Cheque for £30 payable to 'The Point to Point Owners & Riders Association'

Subject to valid payment your PPORA Membership will be valid from the date your RQC is issued.

Should you need to contact the PPORA Membership Team throughout the year, please do so at:

[membership@ppora.co.uk](mailto:membership@ppora.co.uk)

**Private and Confidential**

**DECLARATION OF HEALTH FOR 2025/26 POINT-TO-POINT SEASON**

**IF YOU ARE A FIRST-TIME RIDER YOU MUST ALSO COMPLETE A BHA MEDICAL  
(Unless you have had one as an amateur in the last 5 years)**

Surname	PLEASE PRINT			Forename(s)			
Age		DOB		Height		Riding Weight	
						Non-Riding Weight	
Name of GP				Address of GP			
Date of last <b>BHA Medical Examination</b> by your GP ( <i>If you are a <b>first-time rider</b> you <b>must</b> submit a <b>completed and signed</b> BHA medical form NMED 19 (link on Page 8) from your GP. You may wish to book your medical appointment early so as not to delay your licence application):</i>							
Tick if you have held an amateur riders permit with the BHA or any other turf authority in the past:							
Tick if you hold a Medical Record Book (MRB) issued by the BHA, HRA, The Jockey Club or IHRB:							
Tick if you have ever had a licence or permit refused or deferred in Point to point racing or Under Rules on medical grounds:							
Date of Refusal / Date of Deferment (if applicable)					Date of Reinstatement (If applicable)		
Are you currently disqualified or an excluded person with the BHA or any other recognised Turf Authority?							YES <input type="checkbox"/> NO <input type="checkbox"/>

**DECLARATION OF HEALTH– PLEASE COMPLETE IN FULL**

*\*Please add a continuation page if required*

\*Please list ALL operations, hospital admissions, head injuries/concussions, fractures and dislocations that you have EVER suffered together with dates (including any unconnected with racing). Add a page if necessary.

INJURY/ILLNESS/OPERATIONS	DETAILS (LOCATION/OPERATIONS/HOSPITAL ADMISSIONS)	DATE

\*Please list all injuries and serious illnesses (requiring medical attention that you have suffered since your last RQC, including any unconnected with racing).


\*Please list ALL medications you are currently taking, or have taken for more than 14 consecutive days in the last 12 months (excluding the contraceptive pill).

	DATE STARTED

Have you ever suffered from concussion? ☐ YES ☐ NO

\*If yes, what was the date of your last concussion: .....

\*If yes, how many concussions in total have you had: .....

**ALL CONCUSSIONS SINCE 1 JULY 2023 WILL REQUIRE A BHA POST-CONCUSSION ASSESSMENT (Anyone applying for their first licence are liable for the cost)**

Have you ever had a Baseline Concussion Test? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Test:
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Do you currently hold a valid Driver's Licence?

☐ Yes

☐ No

Have you ever had your Driving Licence revoked or suspended for medical Reasons?

☐ Yes

☐ No

Within the last five years have you received treatment, counselling or sought medical attention for any condition related to alcohol or drug consumption?

☐ Yes\*

☐ No

\*If yes, please give details:

**Your Application for a Riders Qualification Certification cannot be processed unless all relevant medical details are given within this form. Statements like *'Please see Medical Record Book'* or *'Please refer to previous Application'* are not sufficient.**

All riders falling into the following categories will **also** be required to submit a completed [BHA Medical Form \(NMED19\)](#)

before their application is considered:

1. All first-time applicants.
2. Every 5 years there on in.
3. Applicants aged 40+ require a medical every 2 years on the date of application being logged.
4. Applicants aged 50+ require a medical every year on the date of application being logged.
5. Applicants aged 55+ on the date of application will also be required to provide: a resting 12 lead ECG and blood tests for (FBC, liver and renal function, fasting lipid profile and glucose. (NB: If Q-Risk calculation >10% a cardiology appointment will be needed).

**Please note: In addition to the above categories, applicants may be required to submit subsequent BHA medical forms at the discretion of the BHA Chief Medical Advisor and in consideration of the rider's medical history.**

For all riders who hold a current Amateur Rider's Permit to ride under Rules, the medical arrangements under Rules are the same for Point-to-Points. Each licence application (Amateur or Point-to-Point Licence) will be reviewed independently and may require additional examinations to satisfy the British Horseracing Authority Point-to-Point Regulations. Should you have any queries, please contact the BHA Medical Department on 020 715 20111.

#### **MEDICAL CONSENT**

In this declaration of health form we (the British Horseracing Authority (the BHA)) have asked you to supply personal information such as your contact and health details. We may also collect further information from you during the season, for example if you are injured in a fall. We may keep a record of any injuries and medical conditions from which you suffer.

The information we collect about you (and that collected about you in previous years) may be used in the following ways:

- To assess your fitness to ride in point to points.
- To assess your compliance with the BHA Regulations and Instructions for point to point steeplechases from time to time in force.
- To liaise with the PPA to manage your rider's qualification certificate for point to points and any licence(s) for racing under other BHA rules and/or your medical record book(s).
- To help to ensure your safety and the safety of others in any activities in which you take part. For example, if you suffer a fall during a point to point, we may use information about your health and medical conditions to ensure that you receive the appropriate care.
- To enable us to contact you in relation to surveys about health and medical issues (following disclosed injuries or medical conditions) and/or fitness to ride.
- To collate injury and health information to help us to manage medical arrangements and safety at Point-to-Points generally and arrange training for Racecourse Medical Officers, paramedics, clerks of the course and secretaries.
- To provide information to the BHA and PPA's insurance brokers and/or insurers for the purposes of obtaining insurance and/or processing any claim under that insurance.
- We may also share information with third parties as follows:
  - With Racecourse Medical Doctors, paramedics and nurses and but only where this is necessary for the purposes described above.
  - With other recognised racing authorities such as the Irish Horseracing Regulatory Board for the purposes described above, but only where this is necessary.
  - We will share your information with the Injured Jockeys Fund so that they can provide you with physiotherapy services and offer support through the IJF almoner.
  - With insurance brokers and/or insurers for the purposes described above, but only where this is necessary.
  - Where we have a legal obligation to do so.

N.B. Supplying false or incomplete information will put you in breach of Regulations 170 (v) and (vi) of the British Horseracing Authority Regulations for Point-to-Point Steeple Chases 2025/26.



**ANY CHANGE IN YOUR MEDICAL STATUS SUBSEQUENT TO THE ABOVE DATE MUST BE ADVISED TO THE BHA'S CHIEF MEDICAL ADVISOR IN WRITING BY EMAIL TO: [medical@britishhorseracing.com](mailto:medical@britishhorseracing.com).**

You are reminded that ALL riders who suffer a concussion will be suspended and will not be allowed to return to race riding until they are cleared by the BHA Medical Department after completing the Concussion Protocol. Your return to riding timescale is likely to be quicker if you already had a baseline concussion test result. Should you be interested in undergoing the optional self-funded baseline testing procedure further details are available from: The BHA Medical Department on 020 715 20111.

Name of Next of Kin:	PLEASE PRINT	Relationship:
Contact Number:	Mobile:	Alternative:

**Private Medical Insurance** can really help when looking after injured jockeys in the longer term.  
Do you have Private medical insurance? This is only applicable if it is for equestrian accidents, including racing:  
Yes ☐ No ☐

I acknowledge that when riding under the British Horseracing Authority Regulations for Point-to-Point Steeple Chases, there is a very high risk of injury to me in comparison to other sporting activities and that such a risk can come from other riders and horses. I accept that by taking part in amateur horseracing under the British Horseracing Authority Regulations for Point-to-Point Steeple Chases my physical safety could be endangered and that neither the British Horseracing Authority nor the organisers have a responsibility to assess the skill and experience of riders and horses taking part. However, I confirm that I believe myself to be a competent rider who has schooled over fences and is capable of riding in Point-to-Point Steeple Chases.

By signing the declaration below, I hereby consent for the British Horseracing Authority (BHA) to release to the PPA any medical information held by it related to my application for a Riders Qualification Certificate or my future fitness to ride (the BHA Records), and that the BHA Records shall only be shared where necessary. Once shared, I understand that the PPA shall be principally responsible for ensuring protection of the BHA Records in accordance with the Data Protection Act 2018 and the medical consent provisions in this form. I understand that if I ever wish to revoke my consent for the BHA to share the BHA Records, I must notify the BHA and PPA in writing of that fact. I undertake to notify the PPA within 7 days of any change to my home address, mobile or home phone number.

#### **DECLARATION**

I confirm that I am in good mental and physical health, and I know of no condition that would currently preclude me from riding in Point-to-Points. I declare that the information provided on this form is complete and true, to the best of my knowledge. By signing this declaration, I agree to my personal information held by the PPA and/or provided in this form being used and disclosed as described above.	
Signed:	Date:
If applicant is under 18 years of age, please sign below that you, as a parent/guardian, are happy for the named applicant to ride in Point-to-Points:	
Signed:	Date:
Relationship to applicant:	

**Please see the RQC Front Page for details of the preferred method of forwarding your completed RQC application, payment, and photo. Your Medical is to be forwarded by email to [rqcmedicals@britishhorseracing.com](mailto:rqcmedicals@britishhorseracing.com)**