



APPLICATION FOR A RIDER'S QUALIFICATION CERTIFICATE (RQC) FOR THE 2026/2027 POINT-POINT SEASON

Administered by the PPA and issued by the British Horseracing Authority
under the BHA Regulations for Point-to-Point Steeple Chases.

RQC FORM CHECKLIST

IMPORTANT – Please read and ensure you have all the correct documents.

- ✓ **Send early:** Please supply all pages of the application form and allow at least 14 days before you plan to ride (processing may take longer if more information is needed).
- ✓ **Check safety rules:** Review new body protector and headgear requirements.
- ✓ **Complete all sections:**
 1. Personal Details
 2. Riding Details
 3. Hunt Signatory (Include Hunt Signatory Form),
 4. BHA Medical (Include BHA Medical Form / NMED19, if applicable)
 5. Health Declaration (mandatory for all riders)

POSTAGE

Please scan your completed application and photograph, then send via email to: 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 a 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.

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.

SECTION 1: PERSONAL DETAILS

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

☐ 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.

DATA PROTECTION

- The personal details provided in this form, except your medical details (see below), will be held by the PPA and be used to perform the PPA's contractual obligations in relation to the promotion and administration of P2P and disclosed to third parties as further described in this application. For further information on how the PPA processes your personal data, please refer to the PPA's Privacy Notice.
- Your medical details including your Declaration of Health will be processed by the British Horseracing Authority (BHA) in order to assess your fitness to ride in point to points and as further detailed in this form. For more information regarding how the BHA processes your personal data, please read the BHA's Privacy Notice.

SECTION 2: RIDING DETAILS

I AM APPLYING FOR:

Riders Qualification Certificate (RQC)			
1st Season 2026/27 @ £100	☐	2nd Season @ £155	☐
3rd Season + @ £205	☐	One Hunt Race @ £60	☐
Point to Point Owners and Riders Association (PPORA) Membership:			
Rider 2026/27: £30	☐	First Season Rider 2026/27: FREE	☐
I already have PPORA membership for 2026/27.	☐	PPORA membership not required	☐
If you select the option to request PPORA membership, you consent to the PPA sharing your name, postal address, email, and phone number with the PPORA. The PPORA will handle your information in line with their Data Privacy Notice .			
If you have chosen paid PPORA membership, please remember to include valid payment for your PPORA membership Your payment options for PPORA membership are:			
Add £30 to your total RQC payment by BACS	☐	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			
I would like to include a donation to the Injured Jockey's Fund:		£	
The total payment of fees by me is:		£	

PAYMENT

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.	☐ (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).
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.	
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 processed.	

PASSPORT 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.

RIDING DETAILS

Is this your first application to ride in a Point-to-Point?		Yes ☐	No ☐	
If the answer to this question is Yes , 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 1st December 2021. For full information please see the National Website (gbpointing.co.uk/participants/jockeys)	Date of riding assessment (If completed or booked)			
	Name of assessor (Jockey Coach)			
Have you ridden in a Point-to-Point or race over hurdles or fences since 1st December 2021		Yes ☐	No ☐	
If you have not ridden in a Point-to-Point or a race over hurdles or fences since 1st December 2021 you are required to complete an assessment prior to the issue of your RQC. For full information please see the National Website (gbpointing.co.uk/participants/jockeys)				
Other Licenses Held:	BHA Category A ☐		BHA Category B ☐	
	Other licences/permits currently held. Details including Racing Authority:			
Number of Wins:	Point-to-Point	Amateur	Conditional/Apprentice	Arab

RIDERS DIRECTORY

This season, the PPA will provide a Riders Directory on the national website (gbpointing.co.uk/find-a-jockey/). Your details will not appear in the Riders Directory unless you tick the box below.

☐

I give permission for my name, mobile telephone number, email address, area qualified in and novice rider status to appear within this directory.

SECTION 3: HUNT SIGNATORY

As part of your RQC application you **MUST** include a completed Hunt Signatory Form, signed by your Hunt Official.

☐

Please tick this box to confirm if you have included a completed Hunt Signatory Form.

SECTION 4: BHA MEDICAL

All riders falling into the following categories will also be required to submit a completed BHA Medical Form (NMED19) before their application is considered:

- All first-time applicants.
- Every 5 years there after.
- Applicants aged 40+ require a medical every 2 years on the date of application being logged.
- Applicants aged 50+ require a medical every year on the date of application being logged.
- 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).

You can find the form on our website (www.gbpointing.co.uk/participants/jockeys/)

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 at rqcmedicals@britishhorseracing.com.

☐

Please tick this box to confirm if you have included your BHA medical report.

Date of last BHA Medical Examination by your GP – if applicable:

SECTION 5: HEALTH DECLARATION

PERSONAL DETAILS

Surname:	
Forenames:	
Date of Birth:	
Name of GP:	
Address of GP:	
Height (cm)	
Usual Riding Weight (kg)	
☐ Tick if you have held an amateur riders permit with the BHA or any other Racing 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)

DECLARATION OF HEALTH

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.

*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 2026 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?

Yes ☐ No ☐

DATE OF TEST:

Have you ever suffered from concussion?

Yes ☐ No ☐

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 at rqcmedicals@britishhorseracing.com.

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.

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 provide details:		
Do you have private medical insurance?	Yes ☐	No ☐

MEDICAL CONSENT

In this declaration of health form the BHA have asked you to supply personal information including your medical details. We may also collect further information from you during the season, for example if you are injured in a fall.

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

1. The data you provide in this form, and medical attachments, will be used to: assess your fitness to ride in point to points; 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 and any licence(s) for racing under other BHA rules and/or your medical record book(s); and 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.
2. In order to ensure that your information can be provided to: relevant healthcare professionals, physiotherapists; concussion testing centres and neuropsychologists that we engage to provide such services to assess your care, we ask that you consent to the sharing of your medical information with such third parties. This consent is required for us to share your confidential medical records. If you fail to provide this consent, or withdraw it in the future, we may still retain your data and may be required and entitled to prevent you from Point-to-Point racing on safety grounds.
3. The BHA also asks that you consent to our retention of your medical records to allow the creation of a research database to study the effects of concussion on riders. This database will be accessed only by BHA doctors, although records may be shared with your consent or in anonymous form. You are entitled to opt out of this research at any time. Our legal basis for the processing is the carrying out of scientific research, which is in our legitimate interest.
4. The BHA may also gather information about you from third party sources, particularly in relation to our integrity activities. More details on the information we collect from third party sources are set out in the BHA's [Privacy Notice](#).
5. The BHA may share information in relation to your licensing history (including your medical information) with foreign racing authorities in other countries. Some of these authorities may be located outside of the European Economic Area.
6. We may also share information we receive from or about you with other third parties such as the Injured Jockeys Fund so that they can provide you with appropriate medical care and treatment, BHA and PPA's insurance brokers and/or insurers for the purposes of obtaining insurance and/or processing any claim under that insurance and other foreign racing authorities where necessary as set out in more detail in the [Privacy Notice](#).

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 2026/27.

ANY CHANGE IN YOUR MEDICAL STATUS SUBSEQUENT TO THE DATE OF SUBMISSION OF THIS FORM MUST BE ADVISED TO THE BHA'S CHIEF MEDICAL ADVISORS IN WRITING BY EMAIL WITHIN SEVEN 7 DAYS OR BEFORE RIDING IN A POINT TO POINT AGAIN, WHICHEVER IS SOONEST; medical@britishhorseracing.com.

NEXT OF KIN

Name of Next of Kin:		Relationship:	
Contact (Mobile):		Alternative contact:	

NEXT OF KIN 2

Name of Next of Kin:		Relationship:	
Contact (Mobile):		Alternative contact:	

DECLARATION

I acknowledge that when riding under the BHA 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 BHA Regulations for Point-to-Point Steeple Chases my physical safety could be endangered and that neither the BHA 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.

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 provided in this form being used by the PPA and the BHA and disclosed as described above.

Signed:		Date:	
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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