**Post Clinic Checklist**

\*\*please send this completed cover checklist with post clinic documentation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facilitator Name: |  | | | | |
| Address: |  | | | | |
| Phone Number: |  | | | | |
| Email Address: |  | | | | |
| Location & Date of Level clinic |  | | | | |
| Date submitted:  Date assessment started: |  | Extension for completion requested:  Reason/revised submission date: | | |  |
| ***Relevant Documentation*** | | | | | |
| Insurance Certificate of Currency  Company:  Name:  Date Start:  Date Finish:  Certificate Number: |  | | Working With Children (WWC)  Name:  Date Expiry:  Card Number:  Type: |  | |
| First Aid Certificate  Name:  Course Number/Name:  Doc reference:  Student ID:  Completion Date: |  | | Disability Clearance Check / Police Check  Name:  Date Expiry:  Card Number/Reference #:  Type: |  | |
| Client Forms | * Service Agreements: * Risk Warning Waivers: | | * Photo Release Forms: * EFL Post Session Records: | * Ethics & Standards Documentation | |
| * Total Number of clients? | | * Clients with Video Footage ? | * Clients attending more than once? | |
| Other Forms | * Horse Data Sheets | | * Client assessment (of facilitator | * Risk management form | |
| ***Office Use Only*** | | | | | |
| Assessor:  Name, Email, Phone & Address: |  | | | | |