**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 CertificateName:Course Number/Name:Doc reference: Student ID: Completion Date:  |  | Disability Clearance Check / Police CheckName: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: |  |