

# Society of Master Saddlers' Qualified Bridle Fitters' Course

## Application Form

I am interested in attending the SMS Qualified Bridle Fitters' Course. I understand that completion of this form holds me to nothing but that my contact details will be added to the Society's course database to facilitate the sending of information on future courses.

Full Name			
Company			
Address			
Telephone		Mob	
Email			
Date of Birth: (needed for registration with City & Guilds) Please record in Day / Month / Year format			
Gender (needed for registration with City & Guilds)			
On average, how many bridles do you fit per week?			
Number of years' experience in bridle fitting			
Date attended introductory course			
What experience do you have in fitting bridles?			
<b>THIS SECTION TO BE COMPLETED BY EMPLOYER (or applicant if owner or individual)</b>			<b>Yes / No</b>
I confirm that the above named person is on the pay-roll of the company			
Number of years employed			
I consider that they / I have sufficient experience in Bridle fitting	<b>Date:</b>	<b>Signed:</b>	

Please return to: The Chief Executive, Society of Master Saddlers, Green Lane Farm, Stonham, Stowmarket, Suffolk, IP14 5DS

Tel: 01449 711642 Email: [enquiries@mastersaddlers.co.uk](mailto:enquiries@mastersaddlers.co.uk) (digital copies accepted)