APPLICATION FOR A RIDER'S QUALIFICATION CERTIFICATE (RQC) FOR THE 2025/2026 POINT-POINT SEASON

Under the British Horseracing Authority 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 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			
Usual Riding Weight (kg)			

☐ 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.

SECTION 2: RIDING DETAILS

I AM APPLYING FOR:

Riders Qualification Certificate (RQC)	
1st Season RQC 2025/26 @ **£95** ☐	2nd Season RQC @ **£140** ☐
3rd 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: **FREE** ☐
I already have PPORA membership for 2025/26. ☐	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 ☐	From your Rider Sponsorship Scheme (RSS) account ☐
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). ☐
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.
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 proccessed.	

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 2019. 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 2019	Yes ☐	No ☐

If you have not ridden in a Point-to-Point or a race over hurdles or fences since 1st December 2019 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:	Category A ☐	Category B ☐	Permit or `Other:	
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/)

☐	I give permission for my name, mobile telephone number, 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)	

☐ 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)

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 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?	Yes ☐	No ☐	**DATE OF TEST:**	
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 tyou have private medical?			Yes ☐	No ☐

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.

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

NEXT OF KIN

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

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