

Society of Master Saddlers'
Qualified Saddle Fitters' Course

Application Form (UK saddle fitter – non member)

To be completed by the prospective candidate

Name			
Company			
Address			
Telephone		Mob	
Email			
Date of Birth: (needed for registration with City & Guilds) Please record in Day / Month / Year format			
On average, how many saddles do you fit per week?			
Number of years' experience in saddle fitting			
Date attended introductory course or details of equivalent			
Date passed the Society's Saddle Flocking Qualification			
Name of Qualified Saddler undertaking major flocking and adjustments			
What experience do you have in fitting saddles?			
Makes of UK saddles sold	<u>Please list</u>		
Names of three SMS member referees (from two categories of membership)			
I consider that I have sufficient experience in saddle fitting			
Date:	Signed by prospective candidate:		

Please return to: The Chief Executive, Society of Master Saddlers, Green Lane Farm, Stonham, Stowmarket, Suffolk, IP14 5DS
Tel/ Fax: 01449 711642 Email: enquiries@mastersaddlers.co.uk (digital copies accepted)