

Society of Master Saddlers' International Qualified Saddle Fitters' Course

Application Form

To be completed by or on behalf of the prospective candidate

(Note: This course is open to Society members and their employees or overseas customers of UK manufacturers)

Full Name		Date:	
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?			
How many years' experience do you have in saddle fitting?			
What % of your saddlery stock is manufactured in the UK?			
Other Saddle Fitting Courses previously attended			
Date gained Saddle Flocking Qualification <u>or</u>	Gained:		
Date booked in to take Qualification	Booked:		
Makes of UK saddles sold	<u>Please list</u>		
THIS SECTION TO BE COMPLETED BY AN SMS TRADE MEMBER WHO SUPPLIES THE PROSPECTIVE CANDIDATE WITH SADDLES			
Number of years trading with the above company			
I confirm that the above named person is a regular customer of my company and recommend their attendance of the qualification course		<u>Signed</u>	
For and on behalf of: (recommending SMS trade member)			

Please return to: The Chief Executive, Society of Master Saddlers, Green Lane Farm, Stonham, Stowmarket, Suffolk, ENGLAND, IP14 5DS Tel/ Fax: + 44 (0)1449 711642
Email: enquiries@mastersaddlers.co.uk (digital copies accepted)