

## **INTERNSHIP PROGRAM**

## **RA PROFESSIONALS FORM**

TO BE COMPLETED BY THE RA PROFESSIONAL AND RETURNED TO THE RA OFFICE AS SOON AS POSSIBLE.

Name of RA Professional:		
PART 1: Internship Program Applicant's Name:		
Start Date of Internship listed on application:		-
Do you know this individual?	YES	□ NO
In your opinion, is this individual seriously commit professional reining horse trainer?	ted to exploring the pos	ssibility of a career as a
<b>PART 2</b> : The terms and conditions of the Internship Program as outlined as follows:		
<ul> <li>A Non-Pro may only participate in this Program only once.</li> <li>The applicant should be prepared for an interview with the Board of Reining Australia.</li> <li>The applicant must Intern with a RA Professional and physically work at their facility.</li> <li>All previous RA non-Pro as well as open earnings will be used to determine the applicant's class eligibility.</li> <li>The applicant can only show in Open division classes during the internship period.</li> <li>All applicants must be at least 18 years of age</li> <li>There is no earnings limit as an intern.</li> <li>Internship runs for a period of 12 consecutive months.</li> <li>On completion of the internship, the applicant may remain an Open rider. In this case, previous Non-Pro earnings will not be used for eligibility purposes. If the Intern does not remain an Open rider, the Intern must then re-apply for Non-Pro status and is subject to the Non-Pro conditions. Any monies won during the 12 consecutive months of Internship shall be applied to their Non-Pro eligibility.</li> </ul>		
Have you read and understood the terms and conditions of the Internship Program? [YES ] NO		
<b>PART 3:</b> By submitting this application, I agree to abide by the terms and conditions of the Internship Program.		

Printed Name : \_\_\_\_\_

Member RA No.\_\_\_\_\_

Signature: \_\_\_\_\_\_

Date: \_\_\_\_\_