



Dear Applicant

Please find attached the application form for enrollment in The HERD Institute.

Please complete and sign the application form, save it adding your name in the filename (using "Save As ") and email it to us, together with your current Curriculum Vitae/Resumé.

The HERD Institute undertakes to keep all your information confidential and secure, and will not share your information with third parties.

Email all documents to: info@herdinstitute.com

We look forward to welcoming you to the HERD!

The HERD Institute Faculty

703-618-0052

veronica@herdinstitute.com

www.theherdinstitute.com

5195 Hampsted Village Center Way #59, New Albany, Ohio 43054.



The HERD Institute
5195 Hampsted Village Center Way
#59,
New Albany, Ohio 43054
Phone: (703) 618-0052
email: info@theherdinstitute.com

Student Application

Name of Applicant:

Date of Birth:

Date of Application:

Gender: M F

Street Address:

City, State/Province/County:

Zipcode/Postcode, Country:

Phone Number(s):

E-Mail:

I am applying for enrollment in the following program:

The HERD Equine-Facilitated Psychotherapy Certification

The HERD Equine-Facilitated Learning Certification

1. Degrees and Certifications Held:

Year	Institution	Degree/Certificate
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2. Post-Graduate or additional training experience(s):

Year	Name of Program	Length of Program
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Student Application Continued

3. What attracts you to The HERD Institute?

4. Please describe your experience with horses (please include any riding experience):

5. What do you hope to gain from this training?

6. Do you have any special needs or dietary requirements, while you are at the training?



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7. Please provide a Personal Statement about yourself and your experience:



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Student Application Continued

8. Please provide three references: 2 professional/academic and 1 personal:

#1 Name:

Profession:

Street:

City/State/Zip:

Phone:

Email:

#2 Name:

Profession:

Street:

City/State/Zip:

Phone:

Email:

#3 Name:

Profession:

Street:

City/State/Zip:

Phone:

Email:



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10. Please use this space to provide any further information you feel may be relevant

9. Signature

By entering my name in the Applicant Signature box below, I declare that all the information I have provided is true and complete to the best of my knowledge and that The HERD Institute has my permission to obtain all necessary information from the references I have listed concerning my past experience and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice from me. I understand that this application does not constitute a contract of any kind. Should the HERD Institute enroll me, I may terminate such enrollment at any time.

Applicant Signature:

Date:

Confidential Information