

## BRITISH FARRIERS AND BLACKSMITHS ASSOCIATION

The Forge, Avenue "B", 0<sup>th</sup> Street, Stoneleigh Park, Warwickshire, CV8 2LG Tel: 024 76 696 595 Fax: 024 76 696 708 Email nafbaehq@nafbae.org www.nafbae.org

## THE EDWARD MARTIN MBE CULTURAL EXCHANGE

The Association is organising the International Exchange Programme to the United States of America. There are two farriers selected to represent the Association on an educational trip of 3 months (90 days) duration, one of which will be in March and the second in September. All applicants must have their DipWCF, be under 30 years of age and be Graduate Members of the Association (BFBA). Flights to and from the USA together with your insurance will be sponsored by the Association.

Closing date for applications is 1<sup>st</sup> February (for Spring trip) and 1<sup>st</sup> August (for Autumn trip)

MINIMUM REQUIREMENT: - REFERENCES MUST BE INCLUDED WITH YOUR APPLICATION FROM YOUR EMPLOYER & / OR ATF

I would like to apply for an interview to be selected for the Cultural Exchange Programme to the United States of America.

Please use Block Capitals

Surname	First Name		
Age Date of Birth			
Address			
(	County	Postcode	
Tel No	Mobile No		
E-mail address			
BFBA Membership No	FRC	No	
Name of ATF with whom you served your	apprenticeship		
Date Apprenticeship finished			
Do you hold a full driving licence			
Name of employer			
Address			
PostcodeTel.No		. Mobile No	
E-mail address			
Do you have any physical disabilities			
Have you ever been convicted of a criminal	offence		
Signed			
	OFFICE USE ONLY		
Date received	Member of BFBA YES / NO	) N	Iem No
Name	Age	1	DOB
RepliedInterview date		Accentance	
repliedther view date	······································	eceptance	
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PLEASE SUPPORT YOUR APPLICATION WITH A LETTER STATING WHY YOU WANT TO GO ON THI INTERNATIONAL EXCHANGE PROGRAMME, GIVING US AN INSIGHT AS TO WHAT WILL MAKE YOU A GOOD AMBASSADOR FOR BFBA AND BRITISH FARRIERY. AN INDICATION OF YOUR INTERESTS AND
HOBBIES WOULD ALSO BE USEFUL.
A DECEDENCE (in writing) EDOM VOLID DACT EMBLOVED (ATE) 6 / OD CUIDDENT EMBLOVED
A REFERENCE (in writing) FROM YOUR PAST EMPLOYER (ATF) & / OR CURRENT EMPLOYER  (& PERMISSION FOR LEAVE, IF APPLICABLE) <u>MUST</u> BE INCLUDED WITH YOUR APPLICATION.