



EVENTING QUEENSLAND  
Officials Pathway

History of MENTORING & ASSISTING

NAME OF EVENT	
DATE OF EVENT	

Circle where appropriate

ROLE	Technical Delegate / Course Designer
LEVEL	Assisted / Mentored

Summary of Tasks Undertaken	Feedback from Accredited Official

Name of Probationary Official	Name of Accredited Official
Signature and Date	Signature and Date

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Name of Probationary Official	Name of Accredited Official
Signature and Date	Signature and Date

Bank Account Details

Account Name	Account Number
Bank	BSB Number

Please forward this page to Eventing Queensland to be considered for financial assistance for this event.

[enquiries@equestrianqld.com](mailto:enquiries@equestrianqld.com)