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## ACA STARTER CLINIC INFORMATION AND EXPRESSION OF INTEREST

### Structure

- Starter Clinics must be run and managed by a current ACA Affiliated Committee with current and up-to-date insurance. If the Committee does not have ACA's Insurance cover then a copy of the Committee's Certificate of Insurance must be provided upon affiliation application.
- The Committee must follow the framework and guidelines as set out below.
- The Committee must complete in full an Expression of Interest form (EOI) and submit to the ACA Office.
- EOI forms with missing or incomplete information will not be considered.
- The ACA office will forward the EOI to all members of the Youth Camp and Starter Clinic Sub-Committee and the Executive Group of the ACA Management Committee.
- Starter Clinics are aimed at riders who are 17 years and over, who haven't won a recognised campdraft.

### Framework

- All participants and facilitators must be current ACA members; you will be required to submit a participant listing to ACA the week prior to this event for current membership checks to be done in a timely manner.
- A maximum fee of up to \$150/day per attending member can be charged by the Committee, with refunds in line with ACA rule D5.
- The Committee is to collect all monies from the members, for the Starter Clinic and catering.
- The Committee is responsible for paying for all expenses that are incurred from running the Clinic e.g. ground hire, cattle hire, cattle cartage, facilitators, and Medical Service Providers.
- If extenuating circumstances occur then, on application, the ACA Youth Clinic/Starter Sub-Committee may decide to help the Committee with funding. Invoices must be submitted to ACA to show proof of expenses. ACA will not make the payment for the expense claim until the invoices are received.



- When a Starter Clinic is approved and a date is confirmed, the event will be listed on the ACA Events Calendar and will be advertised on the ACA Website and the ACA Facebook page.
- All Facilitators are recommended to be accredited ACA Judges or Open Riders. At a minimum, one Facilitator must be an ACA Open Judge, and this person must deliver the Rules segment.
- Facilitators can be paid up to \$200 per day for their time, however most facilitators donate their time.
- The recommendation is one facilitator per 10 participants.
- As per the ACA rules regarding the Medical Services Policy, the committee must ensure that a Medical Level 1 is in attendance when cattle are being worked. This policy is available to be downloaded from the ACA Website at any time.
- It is recommended but not compulsory, that all participants, regardless of age, who have no previous experience in working cattle, wear a helmet whilst working cattle. All participants under the age of 18 years must wear a properly fitted helmet as per ACA rules.

## Guidelines

- ACA Rules: cover basic rules, including respect for Judges and Committees; a copy of The General Information Competition Rules and Guidelines (ACA Rule Book) will also be provided by the ACA office.
- Dry Work: circling, cornering, checking, stopping, tracking, safety.
- Cattle Work: cattle care, beast selection, getting one beast out of the mob, cutting out, turning tail, watching for pegs, tracking, when to quit, safety.
- Nutrition: safe feeding practices, matching feeding regime to work, horse fitness.
- Hoof Care: safe hoof care for Campdrafting.
- Health and Dental: basic diseases, illnesses (e.g. colic, tying up, stranglers, hendra etc.), standard dental care, who to ask for help.
- General Horse Welfare: travelling safe, loading, fencing ideas, courtesy rules, ACA horse containment rules, stallions and panels.
- Video Footage: suggestion for evening entertainment or further questions.
- Other ideas are welcome from Committees.



## Expression of Interest Form – ACA Starter Clinic

The aim of a Starter Clinic is to provide members of the ACA; new and existing; the fundamentals of Campdrafting, so that these members can be confident that they are competing in a safe and fun manner. Whilst it is expected that the Committee recover costs for the clinic, it is not to be seen as a money making venture, financial assistance may be available upon application.

Organising Committee: \_\_\_\_\_

ACA Affiliation paid for the current ACA year? Yes / No

Venue: \_\_\_\_\_

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

Approximate number of participants: \_\_\_\_\_

Approximate age of participants: \_\_\_\_\_ Total cost to participant: \$ \_\_\_\_\_

Standard of amenities: Fair / Good / Excellent

Standard of grounds: Safe / Very Safe/ Inspection Required

Name of Medical Service Provider: \_\_\_\_\_

**Note: A Medical Service Provider only needs to be in attendance during cattle work.**

*The cost for a Medical Service Provider may be reimbursed by ACA pending the approval of the Youth Camp & Starter Clinic Sub-Committee, completed expense claim form and tax invoice/s must be supplied to ACA.*

Cattle available for clinic? 25 head / 25-75 head / 75-100 head / 100-200 head / Over 200 head

Will cattle be donated? Yes/No

| Expected Expenses: |             |                          |
|--------------------|-------------|--------------------------|
| Item Number        | Description | Total Costs              |
| 1                  |             | \$                       |
| 2                  |             | \$                       |
| 3                  |             | \$                       |
| 4                  |             | \$                       |
| 5                  |             | \$                       |
|                    |             | \$ <i>Total Expenses</i> |

| Expected Income: |             |                        |
|------------------|-------------|------------------------|
| Item Number      | Description | Total Earnings         |
| 1                |             | \$                     |
| 2                |             | \$                     |
| 3                |             | \$                     |
|                  |             | \$ <i>Total Income</i> |



Does your Committee require financial assistance for this event? Yes/No

**Note: Tax invoices along with an expense claim form are to be supplied to the ACA office to show proof of payment. It is requested that these tax invoices be forwarded within 4 weeks of running a camp.**

If yes, please outline in the table below:

| Item Number | Description | Total Costs               |
|-------------|-------------|---------------------------|
| 1           |             | \$                        |
| 2           |             | \$                        |
| 3           |             | \$                        |
| 4           |             | \$                        |
|             |             | \$ <i>Total Requested</i> |

| Compulsory sections to be covered at the clinic:  |                     |            |   |            |
|---|---------------------|------------|---|------------|
| Section to be covered                             | Facilitator Name(s) | ACA Number | Status (please tick)  | Total Cost |
| ACA Rules   |                     |            | <input type="checkbox"/> MC Member<br><input type="checkbox"/> ACA Open Judge<br><input type="checkbox"/> Other _____ | \$ _____   |
| Cattle Work and Dry Work relevant to Campdrafting |                     |            | <input type="checkbox"/> MC Member<br><input type="checkbox"/> ACA Open Judge<br><input type="checkbox"/> Other _____ | \$ _____   |

| Optional sections to be covered at the clinic: |                     |            |   |            |
|--|---------------------|------------|---|------------|
| Section to be covered                          | Facilitator Name(s) | ACA Number | Status (please tick)  | Total Cost |
| Nutrition                                      |                     |            | <input type="checkbox"/> MC Member<br><input type="checkbox"/> ACA Open Judge<br><input type="checkbox"/> Other _____ | \$ _____   |
| Hoof Care                                      |                     |            | <input type="checkbox"/> MC Member<br><input type="checkbox"/> ACA Open Judge<br><input type="checkbox"/> Other _____ | \$ _____   |
| Health and Dental                              |                     |            | <input type="checkbox"/> MC Member<br><input type="checkbox"/> ACA Open Judge<br><input type="checkbox"/> Other _____ | \$ _____   |
| Transport/ Fences at a campdraft               |                     |            | <input type="checkbox"/> MC Member<br><input type="checkbox"/> ACA Open Judge<br><input type="checkbox"/> Other _____ | \$ _____   |



|        |  |  |   |          |
|--------|--|--|---|----------|
| Other: |  |  | <input type="checkbox"/> MC Member<br><input type="checkbox"/> ACA Open Judge<br><input type="checkbox"/> Other _____ | \$ _____ |
|--------|--|--|---|----------|

Have you applied for any grant funding to offset the cost of this event? Yes/No

If yes, details & amount: \_\_\_\_\_

### Committee Contact Details:

Organiser's Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Organiser's Contact Number: \_\_\_\_\_

Organiser's Contact Email: \_\_\_\_\_

Postal Address for Paperwork: \_\_\_\_\_

*(Contact details will be used on all advertising as required, in the ACA News, the ACA Website and the ACA Facebook page.  
Unless otherwise advised, all relevant paperwork for this event will be posted to the Committee address on file.)*