



Lungeing Test

Nomination Form

To be returned to your Area Representative

CANDIDATE INFORMATION:

Name: _____

Branch / Centre: _____

Address: _____

Post code: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Age on 1st January of the current year: _____

Date of previous Lungeing Test(s): _____

Do you need a lunge horse to be provided for the Test (please tick): ☐ Yes ☐ No

I wish to nominate the above candidate for the Lungeing Test

I hereby certify that:

- The Candidate holds the B Test Horse and Pony Care.
- The Candidate has been trained in the subjects required for this Test and is up to the standard required.
- The Candidate has been assessed lungeing various horses and is up to the standard required according to Pony Club teaching as reported by somebody with experience of this Test.

IMPORTANT INFORMATION:

- * Candidates who hold the BHS Stage 4 are exempt from the Lungeing Test.
- * In the event of a Candidate failing the Test a new nomination form must be submitted together with a further fee.
- * Please refer to the Reasonable Adjustment policy, found in the Rules of The Pony Club, available on The Pony Club Website.

I enclose the nomination fee as laid down in the current Pony Club Year Book/website

Signed: _____ Date: _____
(District Commissioner / Centre Proprietor)