

Lungeing Test

Nomination Form - *To be returned to your Area Representative*



CANDIDATE INFORMATION:

Name: _____

Branch / Centre: _____

Address: _____

Postcode: _____

Telephone: _____ **Mobile:** _____

Email: _____

Date of Birth: _____

Date of previous Lungeing Test: _____

Age on 1st January of the current year: _____

Do you need a lunge horse to be provided for the Test? 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 Handbook/website.

Signed: _____ **Date:** _____
(Candidate or Parent /Guardian if Candidate is under the age of 18)

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

Signed: _____ **Date:** _____
(Area Representative)

NB If you are unable to get the above signatures, a supporting e-mail from you Area Representative or DC for this nomination will be accepted.

Please note: This form works best on desktop or laptop computers. For mobile use, please download the free Adobe Acrobat Reader app for full functionality. *Thank you!*