 **B Test Care Nomination form**

**Test date: Friday 3rd January 2025 at Marsdens Farm, Andertons Mill, Mawdesley, Ormskirk, L40 3TW**

**Candidate information**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRANCH/CENTRE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF PREVIOUS TEST\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to nominate the above Candidate for B test Care

I hereby certify that

* The Candidate has been trained in the subjects required for this Test and is up to the standard required.

IMPORTANT INFORMATION

* Having failed, a Candidate may not re-take the Test until a minimum of two months has elapsed after their unsuccessful attempt
* In the event of a Candidate failing the Test a new nomination form must be submitted together with a further fee.

I enclose the nomination fee of £60 – either cheque to Pony Club Area 4 or Transfer to The Pony Club Area 4, sort code 05 02 52, Account 2278 6311

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

District Commissioner/Centre Proprietor