

AH 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 AH Test: _____

Age on 1st January of the current year: _____

I wish to nominate the above Candidate for the following section(s) of the AH Test:

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Full Test | <input type="checkbox"/> Section A | <input type="checkbox"/> Section B | <input type="checkbox"/> Section C | <input type="checkbox"/> Section D |
| <input type="checkbox"/> Section E | <input type="checkbox"/> Section F | <input type="checkbox"/> Section G | <input type="checkbox"/> Section H | |

If there is a specific Test the candidate wishes to attend, please supply the date and venue:

The nominated candidate must have the following in place:

- Candidates must be 16 years or over although at least 17 years is recommended. They must hold the 'B' Test Horse and Pony Care and the Lungeing Test, before applying for the 'AH' Test
- Will receive training in the subjects required and will be prepared for this Test.
- Is of a standard that it is reasonable that they are put forward for this Test.
- Has had practical experience of looking after stabled horses.

IMPORTANT INFORMATION:

- 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.

Last updated January 2025

Do you have any disability that the assessors need to be aware of? *(Please tick)*

Yes ☐ No ☐ *if you have ticked yes please give details below*

NB Remember to apply for a reasonable adjustment in advance if one is required.

If you have a disability, we encourage you to disclose this and any other relevant information so we can make, so far as is practicable, reasonable adjustments for you to undertake your AH assessment. Please send the test organiser details of these requirements alongside this nomination form.

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!*