

# B 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 B Test: \_\_\_\_\_

Age on 1st January of the current year: \_\_\_\_\_

### I wish to nominate the above Candidate for (please tick):

The B Test       The B Test (Riding)       The B Test (Horse and Pony Care)

### I hereby certify that:

- The Candidate will receive training in the subjects required and will prepare for this Test.
- I understand that the Candidate may have to change horses and another Candidate will ride the Candidate's horse.
- I understand that the horse brought to the Test may be suitable for all parts of the Test.

### 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.

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!*