

PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.
HIGHER CERTIFICATE NOMINATION FORM

1/1/09

Please select the appropriate certificate (TICK THE BOX)

	“B” Certificate Horse Care		
	“B” Certificate Riding		“B” Restricted Jumping Certificate
	“A” Certificate		“H” Certificate
		Pre sup test	
		Sup test	

Fill this form in BLOCK CAPITALS.

NAME:	
ADDRESS:	
TELEPHONE: Home, Mobile	
EMAIL	
DATE OF BIRTH:	

CANDIDATE INFORMATION

I understand that I must be a financial member of a club at the time of this application, and also at the time of assessment. I currently hold the required prerequisites for the certificate I wish to be assessed for. I understand that my workbook must accompany this application, or the application will not be accepted for testing.

I have completed my preliminary assessment at least 6 months before testing.

I understand the requirements of the certificate I wish to be tested for and will present on a suitable horse(s) to do the test. ***I am aware that the horses do need to be qualified by me. Attendance cards must be presented to the independent steward on the day.***

I understand that the final assessment will take most of the day, and I may be asked to travel to another club for this assessment. I understand that if supplementary testing is needed, this will take place a minimum of 6 months and a maximum of 2 years from the date of the original test. I understand that if I do not pass the supplementary testing I will be required to sit for the whole certificate again.

I understand that the awarding of Efficiency Certificates in no way parallels what happens in the competition arena. The standard between exam and competition may be completely different. Judging is a personal opinion and the Judge may not necessarily have the same ideals Pony Club is trying to instil.

I understand that I will be required to sign an agreement form on the day of testing.

I understand that there will be an independent steward present on the day. The role of this stewards is to be a go-between between interested parties and examiners. ***Please note:*** parents must not approach examiners regarding the examination unless invited to do so.

I understand if applying to do pre sup test I must be ready and if passed as ready I will then sit my sup.
 I understand if applying to sit my sup it will be with one of the original examiners and if I don't pass I will need to sit the whole certificate again.

NAME OF CANDIDATE: (copy from previous page)	
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I understand that if I have a genuine reason to be unhappy with the conduct of the assessment, I have 14 days to appeal. Any complaints must be addressed to the person who prepared the candidates. If the preparer of candidates feels that an appeal is necessary, the appeal must be in writing, and sent direct to PCASA office marked "Attention Chief Instructors Panel".

If there is any information which the examiner needs in order to ensure the <i>safety of the rider</i> during the test, please detail below. For example, sight or hearing problems, allergies such as bee stings, or asthma.

Please sign to acknowledge that you have read and understood the information contained on this form.

Signature of candidate (or parent if the candidate is under the age of 18):	
Date of Nomination:	

CLUB NOMINATION

The named candidate has been trained in all subjects required for this test, is up to the standard required and is ***ready to be tested now on their qualified mount***. The club is aware of its responsibilities regarding the day of assessment.

I wish to nominate the above candidate and acknowledge the above and enclose \$27.50 from club funds.

NAME OF CLUB:	
Signature of President:	
Date of Nomination:	
Name of coach responsible for preparation	
Signature of coach responsible for preparation	
Date of preliminary assessment	
Preliminary assessment conducted by	

Name and address of person supervising written papers.	
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ZONE APPROVAL

The zone supports this application and has checked to ensure that all relevant details have been completed on this form.

NAME OF ZONE:	
Signature of President:	
Date approved by Zone:	

PCASA APPROVAL

Date nomination (and fee) received by PCASA	
Date nomination accepted by CIP	