

PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

'C' CERTIFICATE NOMINATION

1/1/2021

	With JUMPING
	Without JUMPING
	Sup test

Please select the appropriate certificate (TICK THE BOX)

Fill this form in BLOCK CAPITALS.

Please send this application with your work book to Ann Olsen PO Box 75 Wudinna 5652

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 a "D*" certificate.

I understand the requirements of the "C" certificate, and have a copy of the Technical Criteria Document for the current year, and will present on a suitable horse(s) to do the test. ***I am aware that the horse(s) do need to be qualified by me. Attendance cards must be presented to the independent steward on the day.***

I have chosen whether to do jumping or non-jumping, and understand that if I change my mind after this application has been submitted I must do so in accordance with the rulebook.

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 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 there will be an independent steward present on the day. The role of this steward 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 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".

I understand if applying to sit my sup it will be with one of the original examiners and within 12 months of original assessment.

NAME OF CANDIDATE: (copy from previous page)	
---	--

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

--

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 \$16.50 from club funds.

NAME OF CLUB:	
Signature of President:	
Date of Nomination:	
Name of coach responsible for preparation	
Signature of coach responsible for preparation	

ZONE APPROVAL

NAME OF ZONE:	
Signature of President:	
Date:	

PCASA APPROVAL

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