



THE CANADIAN PONY CLUB
'B2' APPLICATION FORM 2019

Test requested: B2 (Complete)

HB2 (SM, T, LAR)

B2-FR (flat ride)

B2-OF (over fences)

Streams/Phases

B2-SJ (stadium jumping)

B2-T (teaching)

B2-LAR (lunge a rider)

B2-SM

Part 1: Personal Information

Name: _____ Birth Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (_____) _____ E-mail: _____

Branch: _____ Region: _____

Pre-requisite Level: ____ Date Achieved: _____ Examiners: _____

Which phase(s) of the 'B2' Test have you previously tried? _____ Test date? _____

In which phase(s) were you unsuccessful? _____

Do you have any physical or learning disabilities that the Examiners should consider?

Part 2: Preparation for the Test Answer briefly

1. Have you read parts 1, 2 of the current *A/B Testing Procedures* and the *A/B TP Requirements for Examiners Coaches and Candidates*? _____

2. Have you studied the required and resource reading materials? _____

3. Where and how are you gaining practical experience in Stable Management? _____

4. Are you training & conditioning your own horse for the Test? _____ If not, to what extent are you involved in schooling & conditioning the horse that you will ride for the Test?

5. Riding Qualifications: List clinics and clinicians as well as competitions (including level), that you have attended in the previous 2 years. **To qualify for B2-OF, a candidate must have completed three (3) cross country courses at the 3'3" level either in a clinic, competition or lesson. Coach must initial to confirm.**

Flat/: _____

Stadium: _____

XC/Tet: _____

HT/Rally: _____

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- Enclosed** 1. - copy of valid St John Ambulance/Canadian Red Cross Standard First Aid Certificate or equivalent certificate accompanied by the FIRST AID EQUIVALENCY document
- 2. - relevant information from CPC Passport confirming participation
- 3. - cheque to Canadian Pony Club for test fee

I/We agree to participate fully in this test, abiding by the requirements outlined in the current Canadian Pony Club A/B Testing Procedures.

I/We agree that should we, parent/guardian or candidate, have any questions or queries regarding the testing procedures on the day of the practical test, or thereafter, we will direct such questions or queries through the Branch Testing Rep, D.C. or the Regional Testing Chair.

I/We agree not to contact the Examiners regarding the candidate's performance and/or results.

I/We agree to comply fully with the CPC Code of Ethics/Code of Conduct.

Failure to adhere to the CPC A/B Testing Procedures and the above stipulations may result in the candidate being refused the right to further testing within the Canadian Pony Club.

I/We agree to this application being available for review by testing officials and Examiners on the day of the test.

I certify that, to the best of my knowledge, the enclosed information is true and correct.

Candidate's Signature _____ Date: _____

If candidate is under 18:
Parent or Legal Guardian _____ Date: _____

Part 3: Recommendations of Candidate's Instructors

By signing below, I acknowledge that I have received and read the current A/B TP Requirements for Examiners Coaches and Candidates, and I believe this candidate and horse are capable of completing the requirements of this test. I agree that should I have any questions or queries regarding the testing procedures on the day of the practical test, or thereafter, I will direct such questions or queries through the Branch Testing Rep, Regional Testing Chair or the D.C.

Signature: _____ Date: _____ Phone #: _____

Print name: _____ e-mail: _____

Signature: _____ Date: _____ Phone #: _____

Print name: _____ e-mail: _____

Signature: _____ Date: _____ Phone #: _____

Print name: _____ e-mail: _____

Part 4: Recommendations of Candidate's District Commissioner

Membership form and Risk form signed: _____ PSO # _____

Fees Paid: _____ 60% participation _____

D.C.'s Signature: _____ Date: _____

-----**FOR OFFICE USE ONLY**-----

Enclosed: First Aid Cert. _____ Test Fee _____ No Show Fee _____ Written Mark _____ %

Application Approved:
Regional Chair or Regional Testing Chair _____ Date: _____

Application reviewed day of Practical Test:

Signed by Senior Examiner _____ Date: _____