



**THE CANADIAN PONY CLUB
'B' TEST APPLICATION FORM 2020**

Trad	HB (SM & L)	<input type="checkbox"/>
	RB (FR & OF)	<input type="checkbox"/>
	Flat B-FR (flat ride)	<input type="checkbox"/>
	Stadium B-SJ (stad jump)	<input type="checkbox"/>
	SM (only)	<input type="checkbox"/>
	Lunge (only)	<input type="checkbox"/>
	Over Fences (only)	<input type="checkbox"/>

Part 1: Personal Information

Name: _____ Birth Date: _____
Minimum age 14 yrs as of Dec 31, 2019.

Phone: () _____ Cell phone: () _____

Address: _____ E-mail: _____

City: _____ Province: _____ Postal Code: _____

Branch: _____ Region: _____

Pre-requisite Level: C2 Date Achieved: _____ Examiners: _____

C2SM Date Achieved: _____ Examiners: _____

Do you have an IPP/IEP/ILP? Yes / No

Do you have any physical, mental or learning challenge that an accommodation should be made to assist you to be successful? Yes / No

If undisclosed on this application, no allowance will be made at the test. If yes, the branch Test Rep will make arrangements to assist you through the process.

Part II: Preparation for the Test Answer briefly

1. Have you read parts 1 and 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 B-OF, a candidate must have completed three (3) cross country courses at the 3' level either in a clinic, competition or lesson. Coach must confirm.**

Flat/Dressage: _____

Stadium/Hunter: _____

Cross Country/Tetrathlon: _____

Horse Trials/Rally: _____

Name: _____

- Enclosed** 1. – a copy of a valid St John Ambulance/Canadian Red Cross Emergency First Aid Certificate or an equivalent certificate accompanied by the FIRST AID EQUIVALENCY DOCUMENT
 2. – relevant information from CPC passport confirming participation
 3. - cheque to _____ 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 current 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 III: 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.

This candidate and horse are sufficiently fit to test in spite of the 2020 COVID-19 limited riding time.

Signature: _____ Date: _____ Phone #: _____

Print name: _____ e-mail: _____

Signature: _____ Date: _____ Phone #: _____

Print name: _____ e-mail: _____

Signature: _____ Date: _____ Phone #: _____

Print name: _____ e-mail: _____

Part IV: Recommendations of Candidate's District Commissioner

Membership form and Risk form signed: Yes / No PSO # _____

Fees Paid: _____ 60% participation Yes / No

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

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

Enclosed: First Aid Cert. _____

Test Fee _____ No Show Fee _____ Written Mark _____ %

Regional Chair or Regional Testing Chair _____ Date _____

Application reviewed day of Practical Test:

Signed by Senior Examiner _____ Date: _____