



# D/D1/D2 APPLICATION TO TEST 2019

## TO BE FILLED IN BY BRANCH TEST REP. OR D.C.

Application Deadline \_\_\_\_\_

Written Test Date: \_\_\_\_\_ Mark \_\_\_\_\_ Practical Test Date: \_\_\_\_\_

### Candidate Information

Name \_\_\_\_\_ Branch: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Test Level (place X in correct circle)	<b>D</b> SM <input type="radio"/>	<b>D1</b> SM <input type="radio"/>	<b>D2</b> SM <input type="radio"/>
	Riding <input type="radio"/>	Riding <input type="radio"/>	Riding <input type="radio"/>
	Complete <input type="radio"/>	Complete <input type="radio"/>	Complete <input type="radio"/>
			Flat only ( )

Minimum age as of December 31, 2018	7 years	8 years	9 years
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### Recommendation of Candidate's D.C.

Membership form and Risk form signed: \_\_\_\_\_ PSO # \_\_\_\_\_

Fees paid \_\_\_\_\_ 60% attendance \_\_\_\_\_

D.C. \_\_\_\_\_ Date \_\_\_\_\_

No candidate will be allowed to test in their own Branch or in any other Branch unless this form is filled out and is on file with the candidate's home Branch. Candidates must have the written permission of their home Branch before they may test in any other Branch.

### Recommendation of Candidate's Instructor

Candidate's Attitude, Maturity and Level of Experience: (Please detail) \_\_\_\_\_

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I have received, read and understand the requirements for testing at the \_\_\_\_\_ Level in the current C/D TP Requirements for Examiners Coaches and Candidates, and recommend this candidate for testing. I agree not to contact the Examiners regarding the candidate's performance and/or results.

Instructor \_\_\_\_\_ Date \_\_\_\_\_

### Agreement with the Canadian Pony Club

I/We agree to abide by the current Canadian Pony Club C/D Testing Procedures.

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

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, I/we will direct such questions or queries through the Branch Testing Rep or the D.C.

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

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

Has the candidate any physical or learning disabilities that the Examiners should consider when testing?

\_\_\_\_\_

\_\_\_\_\_

Does this candidate require assistance when taking the written test? \_\_\_\_\_

\_\_\_\_\_

Candidate \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If candidate under 18 years of age)

### Application Approved:

Branch Test Rep. or D.C. \_\_\_\_\_ Date \_\_\_\_\_

Application reviewed day of Practical Test:

Senior Examiner \_\_\_\_\_ Date \_\_\_\_\_