

'HA' and 'SA' TEST APPLICATION FORM 2020

Complete
Ph 1 SM
Ph 2 LUH
Ph 3 T
Ph 4 TTL



HA or SA

PART I: Personal Information

Name: _____ Birth Date: _____
Minimum age 16 yrs as of Dec 31, 2019

Phone: (____) _____ Cell phone: (____) _____

Address: _____ E-mail: _____

City: _____ Province: _____ Postal Code: _____

Branch: _____ Region: _____

Date 'B2' Achieved: _____ Examiners: _____

Have you previously tried the 'HA' Test? _____ If so, when? _____

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. Are you very familiar with the current A/B TP? _____ With the A/B TP Requirements? _____

Have you studied the required and resource reading materials? _____

To what extent do you take care of your own horse (feeding, etc.)? _____

Have you ever been in sole charge of a stable? _____

List ways and means by which you are gaining the necessary practical experience to demonstrate your efficiency and knowledge in the 'HA/SA' Test.

Do you teach regularly? _____ At what level(s)? _____ Hours per week? _____

Enclosed -a copy of a valid St John Ambulance or Canadian Red Cross Standard First Aid Certificate or equivalent (including confirmed equivalency)
-relevant information from CPC Passport

Mail separately -all necessary test fees sent to CPC Treasurer, Elaine Webster, Box 25, Warsaw, ON K0L 3A0. Due by March 1, 2020 - \$500.

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Name: _____

I agree to participate fully in this test, abiding by the requirements outlined in the Canadian Pony Club current A/B Testing Procedures and the current AB TP Requirements for Examiners & Candidates.

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 National Test Chair, Regional Testing Chair or my D.C.

I agree not to contact the Examiners regarding my performance and/or results beyond the critique. I agree to comply fully with the CPC Code of Ethics/Code of Conduct.

I understand that my failure to adhere to the CPC A/B Testing Procedures and the above stipulations may result in my being refused the right to further testing within the Canadian Pony Club.

I 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: Recommendation of Candidate's Mentor

Candidate's Attitude & Maturity: _____

I have received the requirements for this test and believe this candidate will be prepared to take this test. An additional mentoring form indicating required hours is to be submitted by June 15, 2020..

Mentor's Signature: _____ **Date:** _____

Part IV: Recommendations of Candidate's District Commissioner

Is the candidate a member in good standing? (i.e.: fees paid, 60% participation) _____

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

Part V: Application approved by Regional Chair or Regional Testing Chair

Reg. Chair/Testing Chair Signature _____ **Date:** _____

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

Rec'd: First Aid Certificate (Standard) _____ Expiry date _____

Test Fee _____ Date Rec'd _____

Mentor Form _____ Date Rec'd _____

National Testing Chair _____ **Date:** _____

Candidate's Written Mark _____ %

Application reviewed day of Practical Test:

Senior Examiner _____ **Date:** _____