

**'RA' TEST APPLICATION FORM
2020**

- RA (complete)
- RA (flat)
- RA (over fences)
- RA (stadium Jumping)



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 'RA' 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 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?

2. Are you very familiar with the current A/B Testing Procedures? _____

Have you studied the required and resource reading materials? _____

3. Riding Qualifications: List clinics, names of clinicians, competitions and the levels ridden, that you have attended in the previous 2 years. **To qualify a candidate must have competed or schooled three (3) cross country courses at the 3' 7" level (preliminary).** Please attach copies of applicable pages from your passport.

Flat: _____

Stadium: _____

XC/Tet: _____

HT/Rally: _____

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Name: _____

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.

I agree to participate fully in this test, abiding by the requirements outlined in the current Canadian Pony Club A/B Testing Procedures and A/B 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: Recommendations of Candidate's instructors.

By signing below, I acknowledge that I have received the requirements for this test and this candidate and horse are capable of completing the requirements of the CPC RA test.

Dressage Instructor's Signature: _____ **Date:** _____

Stadium Instructor's Signature: _____ **Date:** _____

Cross Country Instructor's Signature: _____ **Date:** _____

Part IV: Recommendation 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 or Reg. Testing Chair _____ **Date:** _____

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

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

Passport confirmation _____ Test Fee _____ Date rec'd: _____

Application Approved by: _____

National Testing Chair _____ **Date:** _____

Candidate's Written Mark _____ %

Application reviewed day of Practical Test:

Senior Examiner _____ **Date:** _____