

# Lungeing Test

Nomination Form - *To be returned to your Area Representative*



## CANDIDATE INFORMATION:

**Name:** \_\_\_\_\_

**Branch / Centre:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of previous Lungeing Test:** \_\_\_\_\_

**Age on 1st January of the current year:** \_\_\_\_\_

Do you need a lunge horse to be provided for the Test?  Yes  No

**I wish to nominate the above candidate for the Lungeing Test**

**I hereby certify that:**

- The Candidate holds the B Test Horse and Pony Care.
- The Candidate has been trained in the subjects required for this Test and is up to the standard required.
- The Candidate has been assessed lungeing various horses and is up to the standard required according to Pony Club teaching as reported by somebody with experience of this Test.

## IMPORTANT INFORMATION:

- Candidates who hold the BHS Stage 4 are exempt from the Lungeing Test.
- In the event of a Candidate failing the Test a new nomination form must be submitted together with a further fee.
- Please refer to the Reasonable Adjustment policy, found in the Rules of The Pony Club, available on The Pony Club Website.

I enclose the nomination fee as laid down in the current Pony Club Handbook/website.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Candidate or Parent /Guardian if Candidate is under the age of 18)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(District Commissioner / Centre Proprietor)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Area Representative)

**NB** If you are unable to get the above signatures, a supporting e-mail from you Area Representative or DC for this nomination will be accepted.

**Please note:** This form works best on desktop or laptop computers. For mobile use, please download the free Adobe Acrobat Reader app for full functionality. *Thank you!*