

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

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Post code:** \_\_\_\_\_

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

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

**Date of Birth:** \_\_\_\_\_ **Age on 1<sup>st</sup> January of the current year:** \_\_\_\_\_

**Date of previous AH Test(s):** \_\_\_\_\_

I wish to nominate the above Candidate for the following section(s) of the AH Test:

Full Test     Section A     Section B     Section C     Section D

If there is a specific Test the candidate wishes to attend, please supply the date and venue:

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**The nominated candidate must have the following in place:**

- Holds the B Test & The Pony Club Lungeing Test

**OR**

- Holds the B Test Horse and Pony Care and has been assessed by a member of the A Test Panel to be of a sufficient standard to cope with the ride and lead element of the AH Test. (Please attach report from the Assessor). Also holds their Lungeing Test with this.

**AND**

- Is at least 16 years old (17 years plus is advised).
- Will receive training in the subjects required and will be prepared for this Test.
- Is of a standard that it is reasonable that they are put forward for this Test.
- Has had practical experience of looking after stabled horses.

**IMPORTANT INFORMATION:**

- If unsuccessful, there is a minimum of a month's grace before the Candidate is able to attempt a re-take.
- 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.

**Do you have any disability that the assessors need to be aware of? (Please tick)**

Yes  No  *if you have ticked yes please give details below*

\_\_\_\_\_  
\_\_\_\_\_  
**NB** Remember to apply for a reasonable adjustment in advance if one is required, please see page 72 of the yearbook for details

**If you have a disability, we encourage you to disclose this and any other relevant information so we can make, so far as is practicable, reasonable adjustments for you to undertake your AH assessment.**

**Please send Jackie Minihane details of these requirements alongside this nomination form.**



# AH Test

Nomination Form

I enclose the nomination fee as laid down in the current Pony Club Year Book/website

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

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

*N.B. 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.*