

**NOVA SCOTIA REGIONAL PONY CLUB
C/D EXAMINERS-IN-TRAINING PROGRAM
APPLICATION FORM**

If you are 15 years old or older, and would like to participate in the Canadian Pony Club Examiners-In-Training program, please read the sections in the Canadian Pony Club Testing Procedures regarding Examiners, appointments, duties and responsibilities. Also, you should review the information contained in the document called "How to become an Examiner in Training" posted on the NSPC Regional web page under testing.

Please complete this form and send it to your Regional Testing Chairperson (address below) or bring it with you to the April Testing Workshop.

Completing and submitting this form early in the calendar year, (i.e.: January) will help ensure that your name will appear on the new list for the upcoming test season.

Name: _____ Phone: () _____

Date of Birth: _____ E-Mail: _____

Address _____

Postal Code: _____ Current age: _____

Pony Club Affiliation:

1. Are you now or were you a Pony Club Member? _____

What years? _____ Region/Branch? _____

Standard/Level to date? _____

(if you have not attained full levels, please define which test phases you have completed) _____

Date Obtained? _____

Please indicate:

2. Are you now, or have you in the past, served in an administrative capacity in Pony Club?

Positions held:

3. Are you now or have you in the past been a Pony Club Instructor?

To what levels and in what phases?

4. Have you attended any Pony Club sponsored Instructors Clinics during the past two years?

If yes, what clinics and who conducted the Clinics?

5. Have you examined Pony Club members at the C and/or D level during the past two years, or at any time?

6. Pony Club Activities: (Rallies, quizzes, etc.), Dates, levels, and results:
Other Equestrian Activities: Please list other equestrian activities in which you are engaged, and indicate in what capacities you are involved:

7. If you have no prior Pony club affiliation please fill out the above name and address Section and attach a current resume with references.

Date: _____ Signed: _____

I recommend this PC member to participate in the Examiners in Training Program.

Signed by District Commissioner: _____

Bring the completed form to the Annual Examiner's Workshop OR Mail completed application with resume (if applicable) to:
Gay Hansen, NSPC Regional Test and Education Committee Chairperson,
440 Jolicure Rd., Jolicure, N.B., E4L 2S4