

**PONY
CLUB**



Area 5 C+ Test Care Nomination form

Test date

Candidate information

NAME _____

BRANCH/CENTRE _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

DOB _____

DATE OF PREVIOUS TEST _____

I wish to nominate the above Candidate for C+ test Care

I hereby certify that

- The Candidate has been trained in the subjects required for this Test and is up to the standard required.

IMPORTANT INFORMATION

- Having failed, a Candidate may not re-take the Test until a minimum of two months has elapsed after their unsuccessful attempt
- In the event of a Candidate failing the Test a new nomination form must be submitted together with a further fee.
- Does the Candidate need reasonable adjustment (if yes please send to area5.training@pcuk.org)

Signed _____ Date _____

District Commissioner/Centre Proprietor