

## PONY CLUB WA COACHING ACCREDITATION ASSESSMENT and ACCREDITATION APPLICATION FORM

### Type of Application

Preliminary or  Level 1

### Applicants Details

Name			
Address			
Mobile Phone			
Email			
Pony Club WA Club (If applicable)			
Membership No (If applicable)			
WCC Number		Expiry Date	
First Aid Certificate*		Expiry Date	

\* First aid is desirable but not essential

Please ensure you complete all sections of this application form before submitting. Incorrect or incomplete applications will not be accepted.

### To be completed by the Assessor

Name of Assessor(s)			
Assessment Venue		Date	
Code of Ethic Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Assessment Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No, further assessment required		
Signed by Assessor		Date	

### To be completed by Pony Club WA/ State Coaching Panel

Membership Checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Tabled at SCP Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Registration Fee Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Accreditation Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Signed by SCP		Date	