K Proficiency Certificate



Assessment Report

For Co-ordinators Use – one copy for each candidate to be provided for Examiner.

We wish to notify the Pony Club Western Australia that we have conducted a K Examination as follows:

DATE OF ASSESSMENT		VENUE			
CHIEF EXAMINER		ID NUMBER			
OTHER EXAMINER/S		ID NUMBER			
NAME OF ZONE		K ZONE CO-ORDINAT	OR		
CANDIDATE FULL NAME			DOB		
CANDIDATES CLUB			ID NUMBER		
				1	
		EXAMINER		COMPETENT/ NOT YET COMPETENT	
WRITTEN PAPER					
PRESENTATION					
RIDER'S TOOL KIT					
ON THE GROUND					
UNDER SADDLE					
LUNGEING					
HORSE MANAGEMENT					
ALTERNATIVE DISCIPLINE					
COMMUNITY SERVICE					
<u>OR</u>					
NEW SKILL COMPONENT					
JOURNAL					
RESULT OVERALL					
COMPENTENT		SUPPLEMENTARY SECTION RE	QUIRED		
SUPPLEMENTARY SECTION	N/S REQUIRED				
DATE REQUIRED					
Not to be re- presented before	2				
CHIEF EXAMINERS SIGNATURE					
K COORDINATOR SIGNATU	JRE				

	PONY CLUB COACHES RESPONSIBLE FOR PREPARING CANDIDATES					
NAME OF MAIN COACH OR COACHES	SECTIONS OF SYLLABUS COVERED					
	eg. On the Ground, Flatwork, Lungeing, Horse Management etc.					
EXAMINER COMMENTS						
	any general comments and provide feedback to the SCP re their thoughts on the ere any possible problem areas, etc.					
This space is provided for the examiner to make						
This space is provided for the examiner to make						
This space is provided for the examiner to make						
This space is provided for the examiner to make						

I give permission to have my electronic signature added to the certificates.					
YES		NO			

EXAMINATION REPORT FORM TO BE FORWARDED TO THE STATE OFFICE

Certificates of the successful Candidates will be printed by the State Office and sent to the Chief Examiner for signing accompanied by a stamped, addressed envelope for forward posting to the Candidates Club or sent direct to Club if using electronic signature.

NOTE: The Zone C*/K Co-ordinator is requested to provide the Chief Examiner, on the day, with one copy of this result form for each candidate being assessed – each copy to be signed with the Zone C*/K Co-ordinator's signature at the bottom and completed by the Chief Examiner.

It is suggested that you print the 2 pages concerned front and back in order to only use one sheet of paper per candidate.

Examiners, please return this report to:

C Star/K Assessment Co-ordinator for Club/Zone online processing.

For any additional information or queries please contact via:

Phone: (08) 9296 1500

Email: reception@ponyclubwa.asn.au