

## APPLICATION FORM APPOINTMENT AS A GEAR CHECKING ASSESSOR

AP	PUII	N I IVIL	IVI AS	A GEAR CH	ECKING	H33E33UN	
NAME OF NOMINEE							
CURRENT CLUB							
ADDRESS							
EMAIL							
PHONE NO.							
MEMBERSHIP NUMBER							
NO. OF YEARS AS A GEAR C			CHECKER				
WORKING WITH CHILDREN NUMBER			N NUMBER		EXPIRY DATE		
A cand 1. 2. 3.	Posses Be a m Demor a) b) c)	s current Ge ember of a l strate comp Currently b Currently b Hold a Cer competend	ar Checking Ac Pony Club affili betency or hold be a Pony Club be a Pony Club tificate or prod cies	necking Assessor must sat ecreditation Certificate lated with the Pony Club N d one of the below WA Coach Assessor WA C Proficiency Certificature duce evidence of prior exp	NA. ate and above E perience of asses	xaminer	
4.	List as	List as a minimum <u>one</u> assessment day you have been shadowed by a Pony Club WA approved Assessor in gear checking (practical or written assessments).					
5.		A letter of recommendation from the Shadow Assessor, verifying competency to assess for writter					

**Check list of Requirements for submission** 

practical or both Gear Checking assessments

Gear Checking Accreditation Certificate				
Evidence from point 3				
Assessment date				
Shadow Assessor's Name				
Letter of recommendation from Shadow Assessor				
when accepted as a Pony Club WA Gear Checking or, agree to maintain my Gear Checking Accreditation and attend any update sessions as d appropriate by the State. When accepted for the above position, I agree to carry out my duties rdance with Pony Club WA Aims and Objective and all relevant policies.				

**DATE** 

Please forward the completed application to:

**SIGNED** 

Gear Checking Advisory Panel - <a href="mailto:gearchecking@ponyclubwa.asn.au">gearchecking@ponyclubwa.asn.au</a>
Pony Club WA Coaching Panel - <a href="mailto:coaching@ponyclubwa.asn.au">coaching@ponyclubwa.asn.au</a>