



PCQ PROBATIONARY Jumping Equitation and Showjumping

Technical Delegate Assessment Form

NAME:

CLUB:

TD ACCREDITATION:

PROBATIONARY TD

Date of TD Clinic: _____

Location: _____

Presenter: _____

NOTE TO ASSESSORS: *PCQ asks that before signing this form, you ensure that you are reasonably satisfied that the candidate has the knowledge and ability to act as a representative of PCQ in the discipline of Showjumping or Jumping Equitation. A Technical Delegate ensures that the event is conducted in accordance with the rules, give guidance where required, inspect courses, authorise appropriate alterations and take responsibility for all decisions except where otherwise states in the rules.*

FIRST ASSESSMENT:

DATE:

VENUE:

TYPE OF COMPETITIONS:

ASSESSOR NAME:

SIGNED:

ASSESSOR'S COMMENTS:

FIRST ASSESSMENT:

DATE:

VENUE:

TYPE OF COMPETITIONS:

ASSESSOR NAME:

SIGNED:

ASSESSOR'S COMMENTS:

Thank you for your interest and commitment in becoming a PCQ fully accredited Technical Delegate.

March 2026