



PCQ PROBATIONARY JUMPING EQUITATION JUDGE ASSESSMENT FORM

NAME:

CLUB:

JE JUDGE ACCREDITATION:

PROBATIONARY ACCREDITATION

Date of Clinic: _____ Location: _____

Presenter: _____

NOTE TO ASSESSORS: PCAQ asks that before signing this form, you ensure that you are reasonably satisfied that the candidate has the knowledge and ability to Judge Jumping Equitation at the appropriate level to pony club.

FIRST FULL DAY ASSESSMENT:

DATE:

VENUE:

TYPE OF COMPETITION:

i.e.: Official Unofficial etc

ASSESSOR NAME:

SIGNED:

ASSESSOR'S COMMENTS:

SECOND FULL DAY ASSESSMENT:

DATE:

VENUE:

TYPE OF COMPETITION:

i.e.: Official, Unofficial etc

ASSESSOR NAME:

SIGNED:

ASSESSOR COMMENTS:

*Thank you for your interest and commitment in becoming a PCQ fully accredited Jumping Equitation Judge.
March 2026*