PROBATIONARY SHOWJUMPING JUDGE ASSESSMENT FORM

NAME: _____ **CLUB:** _____

SHOWJUMP JUDGE ACCREDITATION: PROBATIONARY GYMKHANA ☐

Date of 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 Judge Showjumping at the appropriate level to pony club.

FIRST FULL DAY ASSESSMENT:

DATE: _____ **VENUE:** _____

TYPE OF COMPETITION: _____

i.e.: Gymkhana, Combined Training, ODE SJ, zone championships, open days, Official SJ (approved by PCQ sub-committee and under supervision of official level judge or TD)

ASSESSOR NAME: _____ **SIGNED:** _____

ASSESSOR'S COMMENTS: _____

SECOND FULL DAY ASSESSMENT:

DATE: _____ **VENUE:** _____

TYPE OF COMPETITION: _____

i.e.: Gymkhana, Combined Training, ODE SJ, zone championships, open days, Official SJ (approved by PCQ sub-committee and under supervision of official level judge or TD)

ASSESSOR NAME: _____ **SIGNED:** _____

ASSESSOR COMMENTS: _____

PROBATIONARY SHOWJUMPING JUDGE ASSESSMENT FORM

THIRD FULL DAY ASSESSMENT:

DATE: **VENUE:**

TYPE OF COMPETITION:
I.e.: Gymkhana, Combined Training, ODE SJ, zone championships, open days, Official SJ (approved by PCQ sub-committee and under supervision of official level judge or TD)

ASSESSOR NAME: **SIGNED:**

ASSESSOR'S COMMENTS:

FOURTH FULL DAY ASSESSMENT:

DATE: **VENUE:**

TYPE OF COMPETITION:
I.e.: Gymkhana, Combined Training, ODE SJ, zone championships, open days, Official SJ (approved by PCQ sub-committee and under supervision of official level judge or TD)

ASSESSOR NAME: **SIGNED:**

ASSESSOR COMMENTS:

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