

The Worshipful Company of Farriers

WCF Interim Registrar: Mrs Linda Quinn,

The Worshipful Company of Farriers, Magnesia House, 6 Playhouse Yard, London, EC4V 5EX

Email: registrar@wcf.org.uk Telephone: 020 3410 0720

***APPLICATION FOR ASSOCIATE (AWCF) EXAMINATION***

I, *(insert full name in BLOCK CAPITALS) …*……………………………………………………………………………………,Of *(Postal address of permanent residence)*

………………………………………………

………………………………………………

……………………………………………… Telephone No:………………………………………………

………………………………………………

Post Code: ……………………………… E-mail:…………………………………………………………

holding a \*DipWCF or \*RSS Certificate (\*delete as appropriate) numbered ………… and dated ………………………… hereby make application to take the Associateship Examination Module(s) indicated.

 *Tick box*

 Theory Module (Written Paper; Live Horse and Radiographic Assessment; Oral)

 *Tick box*

Practical Module (Exhibition of Shoes; Live Shoeing and Shoemaking;

 Modern Farriery; Oral)

 *Tick box*

I have paid the [required Examination Fee](http://www.wcf.org.uk/feesandpayments.phptructure.pdf).

Country and month/year where exam will be taken……………………………………………………………….

I confirm that I am registered in Part 1 of the Register under the Farriers (Registration) Act 1975 since …………………………………………… (please insert the date of registration, being not less than two years from the date of this application).

OR

I confirm that I am currently registered as a member of an international farriers association and that my contact details on their website are correct.

My Striker for the Practical Module will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

([See Guidance Notes for rules on Strikers](https://www.wcf.org.uk/pdfs/AWCF%20Notes%20on%20Strikers.pdf)) *(Insert Full Name and Qualifications of Striker)*

I agree to be bound by such Examination Rules as may be made from time to time by The Worshipful Company of Farriers.

*Applicant’s Signature* ………………………………………… *Dated*………………………………

\*Return this form by email to the Registrar\*