



# THE WORSHIPFUL COMPANY OF FARRIERS

## Farriery Education and Training Limited

WCF Registrar: Mrs Ginny Ifould, 32 Grahame Close, BLEWBURY, Oxfordshire, OX11 9QE  
e-mail: [registrar@wcf.org.uk](mailto:registrar@wcf.org.uk) Telephone: 01235 851571

### Application for the Fellowship (FWCF) Examination

I (please print your full name in block capitals) \_\_\_\_\_

of (please print your full address in block capitals) \_\_\_\_\_

holding an AWCf or an AFCL Certificate numbered ..... and dated .....  
(this date being not less than 12 months from the date of this examination), being a practising farrier of not less than 5 years since passing the DipWCF or RSS examination, and registered in Part I of the Register under The Farriers (Registration) Act 1975, hereby make application to take the Fellowship examination and pay the [required fee](#).

I have paid my [remittance in settlement electronically](#)

*Either:* I submit five copies of my dissertation, and I hereby assign Copyright of my FWCF dissertation to the Worshipful Company of Farriers. To take **both** parts.

*Or:* I submit 5 copies of my dissertation, and I hereby assign Copyright to the Worshipful Company of Farriers. To take **Communications** only this session.

*Or:* I wish to take the Practical part first and will submit my thesis after completion of the practical. I understand the rules about validity of the practical.

<i>Tick One</i>

I agree to be bound by such Rules as may be made from time to time by The Worshipful Company of Farriers, and will produce the Certificate of passing the examination, if granted, to the Registrar of the Company for the time being upon one month's notice given by The Worshipful Company of Farriers.

I understand that should I at any time be removed from the Register of Farriers under the aforesaid Act, the Company reserves the right to withdraw the Certificates of passing this, the AWCf or AFCL, and the DipWCF or RSS examinations and expunge my name from the records of The Worshipful Company of Farriers.

My Striker for the Examination will be: \_\_\_\_\_  
(Insert Full Name and Qualifications of Striker)

Applicant to sign here \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2018