L1HM ASSESSMENT SLIP 3 – Horse Care

Candidate Name:_____

Program A

Identify nutritional requirements and formulate a feeding program relevant to the current time of year and relevant to your area for:

A resting (spelling) 16hh 10yo thoroughbred performance horse that is on pasture day and night.
The horse is lean with a nervous temperament.
Identify nutritional requirements for this horse

Identify factors that may affect nutritional requirements

Identify feeds to be given and your reasons for choosing these feeds

Identify supplements to be given (if any) and your reasons for choosing these

Identify frequency of feeding and explain your reasons for this frequency.

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Candidate Name:_____

Program B

Identify nutritional requirements and formulate a feeding program relevant to the current time of year and relevant to your area for:

A 16hh 10yo thoroughbred performance horse that is in light work (30-60 min/day) on pasture day and night.
The horse is lean with a nervous temperament.
Identify nutritional requirements for this horse

Identify factors that may affect nutritional requirements

Identify feeds to be given and your reasons for choosing these feeds

Identify supplements to be given (if any) and your reasons for choosing these

Identify frequency of feeding and explain your reasons for this frequency.

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Candidate Name:_____

Program C

Identify nutritional requirements and formulate a feeding program relevant to the current time of year and relevant to your area for:

A 16hh 10yo thoroughbred performance horse in moderate-heavy work (60-120 min/day) who is on pasture during the day and is stabled overnight. The horse is lean with a nervous temperament.
Identify nutritional requirements for this horse

Identify factors that may affect nutritional requirements

Identify feeds to be given and your reasons for choosing these feeds

Identify supplements to be given (if any) and your reasons for choosing these

Identify frequency of feeding and explain your reasons for this frequency.

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Assessment Summary & Declaration of Competence

❑ **COMPETENT**	Has demonstrated competence in all the tasks for Assessment Slip – 3 Horse care according to the assessment criteria in the Level One Horse Management Certificate through ❑ **Direct Assessment method** **OR** Evidence was provided to satisfy the Assessor that the Candidate met with competence all the required assessment criteria for Assessment Slip – 3 Horse care according to the assessment criteria in the Level One Horse Management Certificate through ❑ **Fast Track method**
❑ **NOT YET COMPETENT**	Is not yet competent in all the tasks for Assessment Slip – 3 Horse care according to the assessment criteria in the Level One Horse Management Certificate through ❑ **Direct Assessment method** **OR** Insufficient evidence provided to satisfy the Assessor that the Candidate met with competence all the required assessment criteria for Assessment Slip – 3 Horse care according to the assessment criteria in the Level One Horse Management Certificate through ❑ **Fast Track method**
Comments **If NYC what needs improvement before re-sitting assessment**	

Candidate Name:_____

CE/SSTA Name: _____   Level:_____

Assessment Venue:_____   Signature:_____

NOTE: CE's are advised to maintain own records / results of Candidates whom they have assessed.

If **Competent** sign summary on page 80.

If **Not Yet Competent** (NYC) please arrange further training and/or another assessment and download additional assessment slips from www.equestrian.org.au