

The Worshipful Company of Farriers

WCF Senior Registrar: Miss Sarah Michaels,

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

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***APPLICATION FOR THE FELLOWSHIP (FWCF) EXAMINATION FOLLOWING COMPLETION OF THE BSC(HONS) FARRIERY DEGREE COURSE***

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

………………………………………………

………………………………………………

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

………………………………………………

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

having completed the BSc(Hons) Farriery Degree Course and graduated on ……………..(dd MMM

yyyy) (this date being not less than 12 months from the date of this examination), and holding an AWCF Certificate numbered ………… and dated …………………...… being a practising farrier

registered in Part I of the Register under The Farriers (Registration) Act 1975, hereby make

application to take the Fellowship examination.

 *Tick box*

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

*Tick One*

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 herby 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 attach a copy of the University validated results sheet for the Degree Examinations.

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

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)*

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

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