

APPLICATION TO SIT THE MEMBERS EDUCATION PREFIX PROGRAM EXAMINATION

1 st EXAMINATION - NO FEE SU	BSEQUENT EXAMINATION	FEE: \$62.00 (GST Inclusive)
This is an ONLINE examination; applicants MUST bring their ow has internet access to enable you to view the examination on a		blet or Laptop to the examination that
APPLICANTS NAME: (1)	MEMBERSHIP NO	
APPLICANTS NAME: (2)	MEMBERSHIP NO	
I wish to sit the examination on the	at DOGS	NSW (Orchard Hills).
I wish to elect a Supervisor and alternate lo [Your examination CANNOT be held in a pla		ase provide details below)
Elected Date\Time		
Date:	Time:	
Elected Supervisor: [You MUST not have any personal	or working relationship wi	ith the Supervisor]
Mr/Mrs/Ms/Miss		
(First Name) Address:	(Last Nai	me)
Suburb:	State:	Post Code:
Phone/Mobile:	Email:	
Location where you will sit the exam:		
Address:	(Venue Name)	
Suburb:	State:	Post Code:
Please tick appropriate option as to what role your Su	pervisor is:	
☐ Dogs NSW Director ☐ Dogs NSW	financial member of 10 year	ars or more
☐ Police Officer ☐ School Prin	ncipal/Teacher 🔲 Libraria	n 🔲 JP
DECLARATION: I hereby apply to sit the Members Education Prefix Program Exami the six modules on the Dogs NSW Website. I also acknowledge examination within (30) days at a cost of \$62.00. I understand shefore approval is given for my Breeders Prefix by the National Pref	and accept that should I fail thould I pass the examination I w	ne examination I can apply to re-sit the
Signature of Applicant/s:		Date:
PAYMENT (N.B. Payment is only required for subsequent ex	aminations)	
☐ Mastercard ☐ Visa ☐ Cheque/Money Order (Ple	ease make cheques payable to: D	ogs nsw) ccv 🗆 🗆 🗆
Card Number		Expiry /
Applications can be posted to PO Box 632, St Marys NSW 179	90, Faxed: (02) 9834 3872 or e	mailed: lhadley@dogsnsw.org.au