2026/2027 CONFORMATION JUDGES EDUCATION PROGRAM
APPLICATION TO ENROL IN THE TRAINEE JUDGES PROGRAM
SUB-GROUP 3

Dr/Mr/Mrs/Ms/Miss: Membership No:

(First Name) (Last Name)

Address: Postcode:

Phone: Email:

Please indicate the Group in which you wish to enrol _____

List the breeds within the Group/Sub Group you are enrolling in, for which you already hold an Dogs Australia licence to judge, or for which you have already passed a theory examination.

_____

Do you wish to enrol in a second Group simultaneously. If YES, which Group:_____

Which Group, if any, are you planning on sitting a practical examination this year: _____

Please note that two Groups/Sub Groups may be undertaken at the same time, however, Candidates may only sit ONE practical exam per year.

DECLARATION*:*
I hereby apply to enrol in the Conformation Judges Training Education Program on the terms and conditions set out in DOGS NSW REGULATIONS PART III CONFORMATION JUDGES EDUCATION PROGRAM (CJEP), published on DOGS NSW website www.dogsnsw.org.au.

I also acknowledge and accept that pursuant to the abovenamed Regulations any decision of the DOGS NSW Board of Directors on any matter arising or relating to the Program or the Regulations shall be final and binding.

I declare that I am physically fit and capable of judging in accordance with the Regulations, and if required I am prepared to undergo a medical fitness test and/or vision test at the discretion of DOGS NSW. I further accept Dogs NSW may at its absolute discretion refuse to grant any renewal of licence and may cancel or suspend for any period or vary in any way any licence already granted or to be granted. Or may grant, in part, only an application for renewal of licence.

Signature of Applicant: Date:

This Application must be received, together with the fee of **$147** per Sub-Group, by DOGS NSW, **NO LATER** than **4.00pm** on **Wednesday 9 September 2026** by hand, post to PO Box 632, St Marys NSW 1790 or email to DOGS NSW - info@dogsnsw.org.au

CREDIT CARD DETAILS

☐ Mastercard ☐ Visa Expiry Date / CCV_____

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Please debit my credit card for the amount of $..... Signature: .....
FEES ALSO PAYABLE BY CHEQUE OR MONEY ORDER - ALL REMITTANCES PAYABLE TO DOGS NSW