



## APPLICATION TO SIT THE MEMBERS EDUCATION PREFIX PROGRAM EXAMINATION

1<sup>st</sup> EXAMINATION - NO FEE     SUBSEQUENT EXAMINATION FEE: \$70.00 (GST Inclusive)

This is an **ONLINE** examination; applicants **MUST** bring their own device such as an iPhone, Tablet or Laptop to the examination that has internet access to enable you to view the examination on a website.

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 location to sit my exam. (Please provide details below)  
**[Your examination CANNOT be held in a place of residence]**

### Elected Date\Time

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Elected Supervisor: [You MUST not have any personal or working relationship with the Supervisor]**

Mr/Mrs/Ms/Miss \_\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Location where you will sit the exam:** \_\_\_\_\_

(Venue Name)  
 Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

**Please tick appropriate option as to what role your Supervisor is:**

- Dogs NSW Director       Dogs NSW financial member of 10 years or more  
 Police Officer       School Principal/Teacher     Librarian       JP

### DECLARATION:

I hereby apply to sit the Members Education Prefix Program Examination on the terms and conditions set out by DOGS NSW, I have studied the six modules on the Dogs NSW Website. I also acknowledge and accept that should I fail the examination I can apply to re-sit the examination within (30) days at a cost of \$70.00. I understand should I pass the examination I will further undergo a property inspection before approval is given for my Breeders Prefix by the National Prefix Register.

Signature of Applicant/s: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT (N.B. Payment is only required for subsequent examinations)

Mastercard     Visa     Cheque/Money Order (Please make cheques payable to: DOGS NSW)    **CCV**

Card Number                Expiry   /

Applications can be posted to PO Box 632, St Marys NSW 1790, Faxed: (02) 9834 3872 or emailed: lhadley@dogsnsw.org.au