2022/2023 CONFORMATION JUDGES TRAINING SCHEME
APPLICATION TO ENROL IN A SUBGROUP TRAINEE JUDGES PROGRAM

(includes Module 4 & Theory Examination)

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

(First Name) (Last Name)

Address:

Postcode: Phone: (H) (M):

Email:

For Subgroup 4 the group I would like to enrol in is: _____

Do you wish to enrol in a second group simultaneously for Subgroup 4? If YES, please indicate the Group:

Group _____

Cost will be per Subgroup. Please note that two Groups/Subgroups may be undertaken at the same time, however, candidates may only sit ONE practical exam per year.

Do you intend to apply for "Distance Training" as contemplated in DOGS NSW Regulations Part III-2022/2023 CJEP, Clause 6.1.5

YES **NO**

DECLARATION*:*

I hereby apply to enrol in a Sub Group in the Conformation Judges Training Education Program – Trainee Program on the terms and conditions set out in DOGS NSW Regulations Part III 2022 Conformation Judges Education Program & Timetable, 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 Program Fee of **$110** per subgroup, by DOGS NSW, **NO LATER** than **4.00pm** on **Thursday 8 June 2023** by hand, post to PO Box 632, St Marys NSW 1790 or email to -
DOGS NSW - lhadley@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