

2024/2025 CONFORMATION JUDGES EDUCATION PROGRAM



APPLICATION FOR ASPIRING JUDGES GROUP ENTRANCE EXAMINATION (1st Group or Single Breed only)

Dr/Mr/Mrs/Ms/Miss: _____ Membership No: _____
(First Name) (Last Name)

Address: _____ Postcode: _____

Phone: (H) _____ (M): _____ Email: _____

1. Date of birth: _____ (Must be 18 years or over Clause 4.1.1)
2. When did you complete the DOGS NSW Members Education Course? (year) _____ (Clause 4.1.2)
3. When did you join DOGS NSW (year)? _____ (Membership minimum of 8 years Clause 4.1.3)
4. Attach proof of primary residence in the State of NSW/written approval from the relevant Member Body of which you reside. (Clause 4.1.4)
5. List the names and registration numbers of the Dams and the whelping date of three (3) litters you have bred either under your own prefix or shared prefix (Clause 4.1.5)

Dam's Registration No.	Dam's Name (including prefix)	Whelping Date
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A	_____	_____
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B	_____	_____
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C	_____	_____
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6. List two (2) dogs with the title of Champion bred under your own or shared prefix (Clause 4.1.6)

Dog's Name	Registration No.
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A	_____
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B	_____
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7. Attach to this Application a copy of your Stewards Card evidencing your six (6) stewarding appointments at six (6) separate shows within the two (2) preceding years, four (4) of which must be full Group appointments. (Clause 4.1.7).

DECLARATION:

I hereby apply to enrol in the 2024/2025 Conformation Judges Group Entrance Examination on the terms and conditions set out in 2024/2025 DOGS NSW Regulations, Part III Conformation Judges Education Program.

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 by DOGS NSW, together with the application fee of **\$114.00 (incl GST), NO LATER** than 4.00pm on **Friday 9 February 2024** either by: post PO Box 632, St Marys, NSW 1790, email info@dogsnsw.org.au or delivered by hand.

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