## 2026/2027 DOGS NSW Conformation Judges Training Program

| Trainee Name: | Date: |
|---|---|
| | |

**Breed:**

## CRITIQUES

**1**

**Critique 1:**

**2**

**Critique 2:**

**3**

**Critique 3:**

**4**

**Critique 4:**

**5**

**Critique 5:**

## ATTENDANCE AT SPECIALTY SHOW

Confirmed by the Show Secretary

| Show Secretary Name: | Signature: *Use Adobe Reader to click here and sign digitally* | Date: |
|---|---|---|
| | | |

## MENTOR

I certify that I have today examined the dog described in this critique and discussed the exhibit with the Trainee.

| Mentor Comments: | Mentor Name: | Signature: *Use Adobe Reader to click here and sign digitally* | Date: |
|---|---|---|---|
| | | | |

## GROUP CO-ORDINATOR OR ASSISTANT CO-ORDINATOR

| Name: | Signature: *Use Adobe Reader to click here and sign digitally* | Date: |
|---|---|---|
| | | |

**WHEN COMPLETED**

**Please return this form to your Group Co-Ordinator**