# 2024/2025 CONFORMATION JUDGES TRAINING SCHEME
## APPLICATION TO ENROL IN THE TRAINEE JUDGES PROGRAM
# SUB-GROUP 2

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 in order of preference.

1:_____     2:_____     3:_____

Do you wish to enrol in a second group simultaneously (for Theory only)? If YES which Group:_____

***Please note that two Groups/Subgroups 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 2024/2025 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 fee of **$127** per Sub-Group, or $508 for the full Program, by DOGS NSW, **NO LATER** than **4.00pm** on **Friday 28 June 2024** by hand, post to PO Box 632, St Marys NSW 1790 or email to DOGS NSW - info@dogsnsw.org.au

**\*Each Sub-Group must be paid for prior to commencement of that Sub-Group.**

**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