



**2024/2025 CONFORMATION JUDGES EDUCATION PROGRAM
APPLICATION TO SIT THE GROUP/SINGLE BREED PRACTICAL EXAMINATION**

2024 PRACTICAL EXAMINATION IS FOR CONTINUING TRAINEES ONLY

(Trainee Judges may undertake an examination for ONLY one (1) Group for which they qualify)

I am a Continuing Trainee and achieved a PASS in the Group/Single Breed Theory Examination in the _____ (year) Conformation Judges Education Program and now wish to apply for a Practical Examination for that Group/Single Breed.

Group: _____ Membership No. _____

Mr/Mrs/Ms/Miss _____

(First Name)

(Last Name)

Address _____

Suburb _____ Postcode _____

Phone:(H) _____ (M) _____

Email: _____

DECLARATION:

I hereby apply to sit a Group Practical Examination on the terms and conditions set out in DOGS NSW Regulations, Part III- 2024/2025 Conformation Judges Education Program and Timetable published on DOGS NSW website [Microsoft Word - Part 03-2024 2025 CIEP Regulations & Training Manual-October 2023.docx \(dogsw.org.au\)](#)

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: _____

Signature Group Co-Ordinator/Assistant _____ Date: _____

****I confirm that the Trainee has completed all requirements**

This Application must be received **with the required fee of \$114.00** (inc GST) by DOGS NSW, **NO LATER** than 4.00pm on **Friday 4 October 2024** by hand, post to PO Box 632, St Marys NSW 1790 or email to info@dogsw.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