**CONFORMATION JUDGES EDUCATION PROGRAM**

**APPLICATION FOR ASPIRING JUDGES PROGRAM**

***(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** |
|---|---|---|---|
| A | _____ | _____ | _____ |
| B | _____ | _____ | _____ |
| C | _____ | _____ | _____ |

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.** |
|---|---|---|
| A | _____ | _____ |
| B | _____ | _____ |

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).

8. Please indicate the Group in which you wish to enrol noting, in accordance with Clause 4.1.9, Aspiring Judges must enrol in the Group in which they have been associated with as their first Group. _____

**DECLARATION:**

*I hereby apply to enrol in the Conformation Judges Aspiring Judges Program on the terms and conditions set out in 2026/2027 DOGS NSW Regulations, Part III Conformation Judges Education Program.*

*I also acknowledge and accept that pursuant to the above named Regulations, the DOGS NSW Board of Directors reserves the right to amend Regulations as it sees fit during the Program and any decision of the Board 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 by DOGS NSW together with the program fee of $132.00 **NO LATER** than 4.00pm on **Friday 21 August 2026** 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: .....