

NAME: _____

ADDRESS: _____

_____ POST CODE: _____

PHONE: (Bus/Mobile) _____ (Home) _____

EMAIL: _____

VCA MEMBERSHIP NO: _____ PREFIX: _____

ELIGIBILITY

Age: _____

(Refer Dogs Australia Regulations Part 3 Regulation 4.1.1.1)

Year I Joined VCA/Dogs Victoria: _____

(Refer Dogs Australia Regulations Part 3 Regulation 4.1.1.2)

I have bred the following three litters under my owned or shared prefix:

(Refer Dogs Australia Regulations Part 3 Regulation 4.1.1.3)

Breed	Whelping Date
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Breed	Whelping Date
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Breed	Whelping Date
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I have bred the following two champions under my owned or shared prefix:

(Refer Dogs Australia Regulations Part 3 Regulation 4.1.1.4)

Registration Number	Dogs Registered Name
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Registration Number	Dogs Registered Name
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I have completed six ring stewarding appointments, (three of which have been full groups) in the last 12 months) (Refer Dogs Australia Regulations Part 3 Regulation 4.1.1.6 (b))

Tick this box if you are applying for Exam Special Provision.

A completed form and a medical certificate must be attached to this application.

Compulsory Attendance Schedule

The following sessions are mandatory.

No exemptions will be granted.

Failure to attend any session will require a new application for the following year.

No refunds will be issued for nonattendance.

Tuesday 10th February	Introduction, Interpreting Standards and Study Techniques
Tuesday 17th February	Critiquing and Glossary of Terms
Tuesday 24th February	Canine Anatomy
Tuesday 3rd March	Gait and Movement
Tuesday 10th March	Ethics and Responsibilities/Rules & Regs
Tuesday 17th March	Ringcraft Theory
Tuesday 5th May	Ringcraft Practical & Hands on (Bulla Exhibition Centre)
Tuesday 12th May	Ringcraft Practical & Hands On (Bulla Exhibition Centre)

All of the above **MUST** be attended, no exemptions will be granted. Nonattendance will require a new application for the following year. No refunds applicable.

Acknowledgement and Agreement

I have read, understood, and agree to be bound by the Dogs Australia Regulations Part 3 – Judges Training and Examination Program, and the Rules, Regulations, Policies and Procedures of Dogs Victoria, available at:

- <https://dogsaustralia.org.au>
- www.dogsvictoria.org.au

I understand that all requirements must be met to progress through the scheme.

SIGNED: _____ **DATE:** _____

**PLEASE ENCLOSE FEE OF \$144.50 WITH YOUR APPLICATION TO
JOIN THE CONFORMATION
ASPIRING JUDGES TRAINING PROGRAM**

APPLICATION WILL NOT BE ACCEPTED WITHOUT FEE

APPLICATIONS CLOSE: 4PM MONDAY 5TH JANUARY

APPLICATION RECEIVED AFTER THIS DATE WILL BE RETURNED AND NOT PROCESSED

(Non-Refundable)

METHOD OF PAYMENT:
(Please tick)

CASH

CHEQUE

DIRECT DEPOSIT
see below

CREDIT CARD DETAILS:

MASTERCARD

VISA

Expiry date: _____ CVV: _____

Credit Card Number:

__ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __

Name on Card: _____

Card Holders

Signature: _____ Amount Paid: \$ _____

Direct Deposit:

Victorian Canine Assoc.

Bendigo Bank

BSB: 633 000

A/C: 112 552 542

Direct Deposit Reference (membership number): _____

Please return this form with fee to: mwilliams@dogsvictoria.org.au

t: 9788 2500

655 Westernport Hwy Sky, VICTORIA 3977

www.dogsvictoria.org.au