DOGS VICTORIA
YOUR CANINE COMMUNITY
Est. 1930

APPLICATION TO PARTICIPATE IN THE 2026 CONFORMATION JUDGES TRAINING PROGRAM

NAME: _____

ADDRESS:_____

_____ POST CODE: _____

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

EMAIL: _____

DV MEMBERSHIP NO: _____

I hereby apply to train in the following group/s or Single Breed in 2026:

_____

_____

ELIGIBILITY – in order to demonstrate an ongoing commitment to dog showing, all current trainee judges in the Conformation Judges Training Program will be required to either;

A I am currently on the committee of the following all breeds and/or group club and have attached the declaration form signed by the club president or secretary

_____

(Refer VCA Regulation, 7.13.1(a))

B 6 stewarding appointments

(Refer VCA Regulation, 7.13.1(b))

C I am an active member of Dogs Victoria Management Committee or a Dogs Victoria Subcommittee and have attached the declaration form signed by the subcommittee chair

(Refer VCA Regulation, 7.13.1(c))

PLEASE TICK THE BOX TO APPLY FOR EXAM SPECIAL PROVISION - THE COMPLETED FORM AND A MEDICAL CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION

I have read and understand and agree to be bound by the Dogs Australia Regulations Part 3 Judges Training and Examination Program and the Rules and Regulations, policies and procedures of Dogs Victoria which can be obtained at https://dogsaustralia.org.au/ and www.dogsvictoria.org.au. ☐

SIGNED: _____ **DATE:** _____

SEE OVER FOR CLOSING DATE OF APPLICATION AND FEES

t: 9788 2500
655 Westernport Hwy Sky, VICTORIA 3977
www.dogsvictoria.org.au

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PLEASE ENCLOSE FEE OF $144.50 WITH YOUR APPLICATION TO ATTEND CONFORMATION 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

Amended18112025