

# 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](http://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](http://www.dogsvictoria.org.au)

Amended 18112025

**PLEASE ENCLOSE FEE OF \$144.50 PER GROUP  
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](mailto:mwilliams@dogsvictoria.org.au)**

**t: 9788 2500**

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Amended 18/11/2025