

NAME: _____

ADDRESS: _____

Post Code _____

PHONE: (Mob) _____ DOGS Victoria M'SHIP NUMBER: _____

EMAIL: _____

TRAINEE AGILITY JUDGE - APPLICATION TO JOIN AGILITY JUDGES TRAINING SCHEME (For those persons entering the Agility Judges Training Scheme only) - (See regulations relating to "How to become an Agility Judge").

I am applying for listing as a trainee Judge for: Agility

I have been a member of DOGS Victoria (Victorian Canine Association Inc.) since _____ (state year of joining) (minimum membership is three (3) years). I have trained and trialled a dog to an AD title and one pass towards an ADX title. Give details of practical experience, and name and registered number of AD pass dog (if insufficient room attach separate sheet).

TRAINEE GAMES JUDGE - APPLICATION TO JOIN GAMES JUDGES TRAINING SCHEME

I am applying for listing as a trainee Judge for: Games

Criteria for games judges application – minimum two years agility/jumping judge licence
I have judges a minimum of four trials in the last two years.

FITNESS TO JUDGE

"I declare that I am physically fit and capable of judging in accordance with the Rules and if required I am prepared to undergo a medical fitness test and/or vision test at the discretion of the Member Body of ANKC Ltd. I further accept that my Member Body 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." (05/93, 7.2.1) (Amended 10/13 – 5.6.4) (Amended 10/14, 7.5.12) (Amended 08/15, EM#117) (Amended 10/15, 7.5.1.1)

Signed: _____ Date _____

t: 9788 2500

mwilliams@dogsvictoria.org.au

655 Westernport Hwy Sky, VICTORIA 3977

www.dogsvictoria.org.au

Amended20112025

PLEASE ENCLOSE CORRECT FEE

**(Refer to the current Scale of Charges available on the DV Website)
WITH YOUR APPLICATION TO ATTEND THE PRACTICAL ASSESSMENT
FOR AN AGILITY JUDGES LICENCE**

APPLICATION WILL NOT BE ACCEPTED WITHOUT FEE

APPLICATIONS CLOSE: 23 November each year

(Non-Refundable)

METHOD OF PAYMENT: CASH CHEQUE DIRECT DEPOSIT
(Please tick) 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

Amended20112025