

Please note: this application will also be shared with your Group Leader, which may enable them to facilitate a better experience during the Lecture Subgroups. This application MUST be accompanied by a Medical Certificate.

FULL NAME: _____

DOGS VICTORIA MEMBERSHIP NUMBER: _____

PLEASE TICK ONE: ASPIRING TRAINEE

GROUP/S APPLYING: _____

1. Outline your condition which requires support in the examination

2. Has special provision been previously granted? List the LAST year and the special arrangement made

3. Outline possible difficulties that you may encounter during the examination

4. Please list any special provisions that may support you in the examination

5. Medical certificate/certification is attached? ☐ YES ☐ NO

SIGNATURE: _____ DATE: _____

**PLEASE SUBMIT THIS FORM, PLUS MEDICAL CERTIFICATION WITH YOUR APPLICATION TO THE JUDGES
TRAINING PROGRAM**