



DOGS NT

(Northern Australian Canine Association)
email: info@dogsnt.com.au web: www.dogsnt.com.au

TRICK DOG JUDGES APPLICATION FORM

Surname (Title: Mr, Mrs, Ms, Dr, etc)			
Given Names:			
DogsNT Membership #:		Date Joined:	
Address:			
Home Phone:		Mobile Phone:	
Email address:			
Name of Dog:			
ANKC Registration #:			



DETAILS OF QUALIFYING SCORES YOU HAVE PERSONALLY ACHIEVED:

Trial 1:			
Date:		Judge:	
Trial 2:			
Date:		Judge:	
Trial 3:			
Date:		Judge:	

I DECLARE;

- (i) I reside in the State or Territory of application to the Scheme.
- (ii) I am EIGHTEEN (18) years of age at the closing date of application.
- (iii) I am a resident of the Northern Territory.
- (iv) I have personally trained, competed with and achieved a minimum of two (2) qualifying certificates for a dog in Starter class (Trick Dog Tests); and
- (v) I have experience in related club or training activities, in any ANKC discipline.
- (vi) I hereby declare that all the information provided herein is true and correct.
- (vii) "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." **ANKC Ltd Regs Part 2 Point 1.4**

Signed: **Date:**

NOTES:

1. In order to be accepted on a Judges Course, the applicant must be a person approved by the TAC and the DogsNT Council.
2. An approved first-time aspirant may need to pass a pre-qualification theory examination based on the general sections of the *Rules for the Conduct of Trick Dog Test*
3. An approved first-time aspirant may need to pass a pre-qualification theory examination based on the DogsNT Rules and Regulations.

STATEMENT FROM APPLICANT'S DOG TRAINING CLUB

I confirm that:

Has experience in related club or training activities, in any ANKC discipline:

Signed: **Date:**

Office position with Club:

Name of Affiliated Club: