| Dogs ACT Logo | | **APPLICATION FOR ACCEPTANCE TO THE 2022 SCENT WORK**  **JUDGES TRAINING SCHEME**  **CLASS: NOVICE/ADVANCED** | |
| --- | --- | --- | --- |
| Applicant Information | | | |
| Surname: | | First Name: | |
| Current Address: | | | |
| City: | State: | | Postcode: |
| Phone: | | Mobile: | |
| Email: | | | |
| Dogs ACT Membership No: | | Date Joined: | |
| applicant declaration | | | |
| I declare that: | | | |
| 1. I am a member of an ANKC Member Body for a period of not less than three (3) years prior to the application and be a current financial member of Dogs ACT | | | |
| 1. I am over eighteen (18) years of age by the closing date for applications. | | | |
| 1. I am resident in the ACT. | | | |
| 1. I have personally trained and trialled a dog to a minimum of a Scent Work Novice (SWN) title. | | | |
| 1. I have at least three (3) years’ experience in scent work training/education/instructing. | | | |
| 1. I have stewarded in Novice/Advanced elements at a minimum of three (3) Scent Work trials. | | | |
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| APPLICANT’S SIGNATURE | | | |
| Signed: | | Date: | |
| APPLICATION FEE: $65.00this FEE must BE PAID AT THE TIME OF SUBMISSION OF THE APPLICATION Preferred method of payment is by direct debit BSB:(112908) Account: 050051244 (Ref: SWsurname – please forward payment receipt with application) or Do we include option to pay be credit card (as per annual renewal form) or ask for phone payment during office hours? | | | |