

DOGS NEW ZEALAND SCENT WORK

APPLICATION FORM FOR JUDGES

Surname:	First Name:
Address:	
Phone:	Email:
Which Dogs NZ club do you belong to?	
Panel to which you are applying:	Division:

What Dogs NZ Scent Work Divisions have you officially participated in:

Division	Highest Level

How many Scent Work Detection Certificates have you gained for the Scent Work Panel Class you are applying for?

What stewarding appointments at official Dogs NZ Scent Work Trials have you undertaken:

Division	Appointment

Have you instructed in Dogs NZ Scent Work classes?

Yes / No (ring appropriate response).

If "Yes", detail in what capacity:

What prompted you to apply to become a Dogs NZ Scent Work Judge?

What skills do you currently have that you think are relevant to becoming a Dogs NZ Scent Work Judge?

Applicants Signature:

NZKC No:

Date: