

# B Level Dressage Judge Application Form

Assessment forms to go to the **Judges Officer** for verification with this summary sheet.

Name	Date of birth	Current level
Address	Suburb	
City	Postcode	ESNZ membership no.
Mobile	Email	Area Group

<b>Attend a clinic that includes B level</b>	Date & Location	Mentor / Educator	Signature
<b>Confirm reaccreditation clinic at C level is current (within past 2 years)</b>	Date & Location	Mentor / Educator	Signature
<b>Judged</b> at least 6 classes at Adv with at least 18 horses overall	Test (e.g. 6A)	Date & Location/Event	
	Test	Date & Location/Event	
	Test	Date & Location/Event	
	Test	Date & Location/Event	
	Test	Date & Location/Event	
	Test	Date & Location/Event	
<b>Sit-In</b> on 2 separate Adv classes with a different Mentor	Date & Location	Mentor / Educator	Signature
	Date & Location	Mentor / Educator	Signature
<b>Proof of riding</b> attaining 60+% on at least 2 occasions at Adv Med level, judged by accredited judges  <b>OR</b> 2 additional <b>Sit-Ins</b>	Date & Location	Test	Percentage
	Date & Location	Mentor / Educator	Signature
	Date & Location	Mentor / Educator	Signature

# B Level Dressage Judge Application Form (cont.)

Positive Sit-In assessment form(s) completed and attached

<b>Shadow Judge</b> at least 3 entire Small Tour and 3 entire Int I classes with 36 horses judged overall	Test	Date	No. of horses
	Test	Date	No. of horses
	Test	Date	No. of horses
	Test	Date	No. of horses
	Test	Date	No. of horses
	Test	Date	No. of horses

Positive Shadow Judging assessment form(s) completed and attached

CV attached

Pass <b>B level theory exam</b> with at least 80%	Date Percentage	Mentor / Educator	Signature
<b>Practical exam completed</b>	Date & Location	Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	
	Mentor / Educator	Signature	