

# C 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 C level</b>	Date & Location	Mentor / Educator	Signature
<b>Confirm reaccreditation clinic</b> at D level is current (within past 2 years)	Date & Location	Mentor / Educator	Signature
<b>Judged</b> at least 5 classes at Adv Med with at least 24 horses overall	Test (e.g. 5B)	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 Elem / Med level, judged by accredited judges  <b>OR 2 additional Sit-Ins</b>	Date & Location	Test	Percentage
	Date & Location	Mentor / Educator	Signature
	Date & Location	Mentor / Educator	Signature

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

# C Level Dressage Judge Application Form (cont.)

<b>Shadow Judge</b> at least 4 entire Adv classes with at least 24 horses judged overall	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 <input type="checkbox"/>			
CV attached <input type="checkbox"/>			
<b>Pass Adv theory exam</b> with at least 80%	Date	Mentor / Educator	Signature
	Percentage		
<b>Practical exam completed</b>	Date & Location	Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	
	Mentor / Educator	Signature	