

D 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

Attend a clinic that includes D level	Date & Location	Mentor / Educator	Signature
	Date & Location	Mentor / Educator	Signature
Judged at least 5 classes at Med with at least 24 horses overall	Test (e.g. 4A)	Date & Location/Event	
	Test	Date & Location/Event	
	Test	Date & Location/Event	
	Test	Date & Location/Event	
	Test	Date & Location/Event	
Sit-In on 2 separate Adv Med classes with a different Mentor	Date & Location	Mentor / Educator	Signature
	Date & Location	Mentor / Educator	Signature
Proof of riding attaining 60+% on at least 2 occasions at Nov level, judged by accredited judges OR 2 additional Sit-Ins	Date & Location	Test	Percentage
	Date & Location	Mentor / Educator	Signature
	Date & Location	Mentor / Educator	Signature

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

D Level Dressage Judge Application Form (cont.)

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