

*Area*

## G – LEVEL EXPRESSION OF INTEREST FORM

Name:	Date of Birth:	
Address:		
Suburb:	State:	Post Code:
Tel:	Mobile:	
Email:	ESNZ Membership No:	

Do you have a hard copy of the current DNZ Dressage Competition Rules & Procedures including all amendments?		YES <input type="checkbox"/>
		NO <input type="checkbox"/>
Dressage Judging Experience:	Experience as a Rider:	
	As a Coach:	
	As a Writer/Penciller:	
Dressage Seminars, Workshops or Instruction Schools attended:	Name of Instructor:	
	As a Rider:	
	As an Observer:	
Any other Relevant Information:		



## G – LEVEL EXPRESSION OF INTEREST FORM CONTINUED

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to: Your Area Judges Officer**

*On receipt of this application, your Area Judges Officer will provide you with more information and once you have confirmed that you wish to continue, will send out an open rule book test (ORBT) for you to complete.*

*A brief CV of the applicant riding and competition history to be included*

AJO Name :.....

AJO Signature .....

AJO Area:.....

Date:.....

Comments:



Area



# DNZ DRESSAGE JUDGE APPLICATION FORM & PRE REQUISITES REQUIRED FOR APPOINTMENT AS G LEVEL

(Effective 1/9/19)

<b>Name of Candidate:</b>	
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Assessment Slip	Date/Location	Print Name Mentor/JE	Signature
Attend a G, F or G/F Level Seminar	<b>Date:</b>		
	<b>Location:</b>		
Complete the G level Open Rule Book Test with at least a 90%	<b>Date:</b>		
	<b>Percentage:</b>		

Assessment slips go directly to Area Judges Officer for verification with this summary sheet.

Sit in for at least 2 hours on Official Preliminary or Novice with an approved Mentor or A or B level judge (may be completed over more than one sit-in)	1.		
	2.		

Sit in assessment form/s completed/attached	<input type="checkbox"/>	<i>Only positive Sit-In assessments can be submitted</i>
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Shadow Judge one entire Preliminary and one entire Novice competition or two entire Novice competitions with at least ten horses in each competition (a total minimum of 20 horses to be judged overall (may need to judge more comps to get the total No of horses) Supervising judge must be an appointed Mentor or Judges Educator as per table	Competition e.g. 1.3 or 2.2	Date:	No of Horses
		1.	
	2.		
	3.		
<i>Only positive Shadow Judging assessments can be submitted. Assessments with 'needs more training' will not be accepted and candidates will be required to undertake a further Shadow Judging assignment</i>			

Assessment Completed	<b>Competent</b>	<input type="checkbox"/>		
	<b>Not Yet Competent</b>	<input type="checkbox"/>		
	<b>Date:</b>			

## DNZ DRESSAGE JUDGE APPLICATION FORM & PRE REQUISITES REQUIRED FOR APPOINTMENT AS G LEVEL CONTINUED

Please provide the following details:

<b>Current ESNZ Member Number:</b>	
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Name:	Date of Birth:	
Address:		
Suburb:	State:	Post Code:
Tel:	Mobile:	
Email:		

**AJO Name :** .....

**AJO Signature** .....

**AJO Area:**.....

**Date:**.....

**Comments:**

## Application form (to go with G paperwork)

**Your ESNZ membership must be current and this Course Checklist received by your Area Judges Officer before your DNZ Official registration can be processed.**

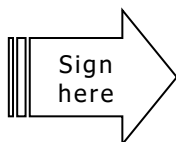
### Your Declaration

The ESNZ and its affiliated organisations have a duty of care to their members and to the general public who interact with ESNZ Officials, as these responsibilities may involve direct and/or unsupervised contact with people under the age of 18 years. As part of this duty of care and as a requirement of the ESNZ Member Protection Policy, the ESNZ must enquire into the background of ESNZ Members applying for registration as an ESNZ Official.

All ESNZ Members wishing to be registered by the ESNZ as an ESNZ Official are required to complete the following declaration;

I Sincerely declare:

1. I do not have any criminal charge pending before the courts, nor any criminal convictions or findings of guilt for offences involving drugs, violence, sexual activity, acts of indecency, child abuse or child pornography.
2. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, acts of violence, intimidation or other forms of harassment.
3. I have never been sanctioned for an anti-doping rule violation under any ESNZ anti-doping policy (Athlete or Equine).
4. I have never participated in, facilitated or encouraged any practice prohibited by the World Anti-Doping Agency Code or any other anti-doping policy applicable to me, in the ESNZ Horse Anti-Doping Policy.
5. To my knowledge there is no other matter that the ESNZ may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by accepting my ESNZ Officials registration.
6. I will notify the CEO of the organisation(s) engaging me immediately upon becoming aware that any of the matters set out in clauses [1 to 5] above has changed for whatever reason.
7. I acknowledge that I have read and agree to abide by the ESNZ & DNZ Code of Conduct for Officials. I acknowledge I may be subject to disciplinary action if I breach the code. (Code of Conduct is available to view on [www.nzequestrian.org.net](http://www.nzequestrian.org.net))



SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Office Use Only

Attachments Rec'd

Database Updated / /

**Candidate – Please return these forms to your Area Judges Officer for verification.**