

# G Level Dressage Judge Application Form

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

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

<b>Attend a G, F or G/F level clinic</b>	Date	Mentor / Educator	Signature
	Location		

<b>Sit-In</b> on 2 separate Prelim or Nov classes with an Assistant Mentor or above	Date	Mentor / Educator	Signature
	Location		
	Date	Mentor / Educator	Signature
	Location		

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

<b>Shadow Judge</b> at least 2 entire Prelim or Nov classes with at least 20 horses judged overall	Test (e.g. 1C, 2B)	Date	No. of horses
	Test	Date	No. of horses
	Test	Date	No. of horses

Positive Shadow Judging assessment form(s) completed and attached

<b>Pass the G level open Rule Book test</b> with at least 90%	Date	Mentor / Educator	Signature
	Percentage		

<b>Assessment completed</b>	Date	Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>
-----------------------------	------	---

CV attached

Candidate signature	AJO name, area & signature
Date	Date

# G Level Dressage Judge Application

## 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.

Signature

Date

Please return these forms to your AJO for verification.

**Office use only**

Attachments received

Database updated / /