DOGS VICTORIA
YOUR CANINE COMMUNITY
Est. 1930

CJC EXAM SPECIAL PROVISION APPLICATION FORM 2026

Please note: this application will also be shared with your Group Leader, which may enable them to facilitate a better experience during the Lecture Subgroups. This application MUST be accompanied by a Medical Certificate.

FULL NAME: _____

DOGS VICTORIA MEMBERSHIP NUMBER: _____

PLEASE TICK ONE: ASPIRING TRAINEE

GROUP/S APPLYING: _____

1. Outline your condition which requires support in the examination

   _____

   _____

2. Has special provision been previously granted? List the LAST year and the special arrangement made

   _____

   _____

3. Outline possible difficulties that you may encounter during the examination

   _____

   _____

   _____

4. Please list any special provisions that may support you in the examination

   _____

   _____

   _____

   _____

5. Medical certificate/certification is attached? ☐ YES ☐ NO

SIGNATURE: _____ DATE: _____

PLEASE SUBMIT THIS FORM, PLUS MEDICAL CERTIFICATION WITH YOUR APPLICATION TO THE JUDGES TRAINING PROGRAM

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Amended 15/10/2025