



**TRAINING PROFILE FORM**  
**DISTANCE EDUCATION TRAINEES ONLY**

NAME: ..... YEAR: .....

Address: .....

Telephone: ..... Email: .....

**CURRENT JUDGING STATUS:**

Championship Groups ..... Open Show Groups: .....

Group being studied: ..... Open / Championship level: .....

Have you completed a 1,000 word essay on each of the breeds for the Group you are studying, in alignment with the lecture dates in the September Dog World? Yes / No  
(Essays to be submitted to the Regional Facilitator within 14 days of the scheduled lecture date).

Have you completed the necessary Stewarding & Writing requirements? Yes / No  
(Attach a copy of your Stewards Card).

Were you assessed by an Accredited Assessor at any Shows this year? Yes / No  
(List the date and name of each show and the assessor, or attach a copy of your assessment card).

Do you have a Mentor for this group? Yes / No  
(A Judge with Championship status in this Group for at least 5 years).

Name of Mentor Judge .....

Do you *exhibit* at Open Shows to support trainee Judges? Yes / No

Do you use the CCCQ Library for research or borrowing Yes / No  
(List visits on reverse side)

Are you a working member or an executive of any Club? Yes / No

Name of Club ..... Attach confirmation from the Club

**Please list any visits to breeders or kennels** that you have made during this study year.

***It is important to note*** that these visits should be of a reasonable duration.

You must be able to list the number dogs you viewed and discussed and attach a written Critique on each dog examined.

The Breeder / Exhibitor must sign the back of this form to record your visit.

**List any shows you have attended as an observer.**

e.g. Speciality Shows for breeds within this Group, Shows where you have been ringside and observed this group's judging (Preferably with a "Mentor" Judge).

Please attach Critiques of any dogs examined and must be signed by an Accredited Assessor.

**Once again, you must spend a considerable time at these Shows and your Mentor Judge or Breed Club Official must sign the back of this form.**

Signature: ..... Date: ..... / ..... / 20.....

PLEASE COMPLETE THIS FORM AND RETURN IT, TOGETHER WITH ANY ATTACHMENTS, TO THE DOGS QUEENSLAND OFFICE PRIOR TO 1<sup>st</sup> JUNE EACH YEAR.

**DOGS QUEENSLAND**  
 PO BOX 1136, MT OMMANEY QLD 4074  
 PHONE (07) 3252 2661, FAX (07) 3252 3864



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**KENNEL / BREEDER VISITS**

| DATE | NAME, ADDRESS & PHONE NUMBER OF BREEDER | BREED | BREED DISCUSSION (YES / NO) | NUMBER OF ACTUAL DOGS VIEWED | LENGTH OF VISIT | BREEDER'S SIGNATURE |
|------|---|-------|-----------------------------|------------------------------|-----------------|---------------------|
|      |   |       |                             |                              |                 |                     |
|      |   |       |                             |                              |                 |                     |
|      |   |       |                             |                              |                 |                     |
|      |   |       |                             |                              |                 |                     |
|      |   |       |                             |                              |                 |                     |
|      |   |       |                             |                              |                 |                     |
|      |   |       |                             |                              |                 |                     |

**SHOWS ATTENDED**

| DATE | NAME OF SHOW | BREED | BREED DISCUSSION (YES / NO) | NUMBER OF ACTUAL DOGS VIEWED | LENGTH OF VISIT | CLUB OFFICIAL OR MENTOR'S SIGNATURE |
|------|--------------|-------|-----------------------------|------------------------------|-----------------|-------------------------------------|
|      |              |       |                             |                              |                 |                                     |
|      |              |       |                             |                              |                 |                                     |
|      |              |       |                             |                              |                 |                                     |
|      |              |       |                             |                              |                 |                                     |
|      |              |       |                             |                              |                 |                                     |
|      |              |       |                             |                              |                 |                                     |
|      |              |       |                             |                              |                 |                                     |

**OTHER ACTIVITIES**

| DATE | ACTIVITY | GENERAL INFORMATION | SIGNATURE (e.g. LIBRARIAN) |
|------|----------|---------------------|----------------------------|
|      |          |                     |                            |
|      |          |                     |                            |
|      |          |                     |                            |
|      |          |                     |                            |
|      |          |                     |                            |

**\*\* PLEASE COPY THIS PAGE IF THERE IS INSUFFICIENT SPACE AND ATTACH TO THE ORIGINAL**