

Australian Association of Professional Dog Trainers, Inc.

C/- Vice President: 19 Jeffery Street, Blackburn, Vic. 3130



AUSTRALIAN
ASSOCIATION OF PROFESSIONAL
DOG TRAINERS INC.

APPLICATION FORM 2007-2008

SURNAME: _____ GIVEN NAME: _____

ADDRESS: _____ POST CODE: _____

TELEPHONE: HM: _____ BUS: _____ FAX: _____ MOBILE _____

E-mail: _____ Web: _____

TRADING / COMPANY NAME: _____

Copy of Certificate of Business Name Registration and/or Company registration, including ACN / ABN number must be enclosed

REGISTERED ADDRESS: _____ POST CODE: _____

ADDRESS/S WHERE YOU CONDUCT YOUR TRAINING: _____

CATEGORY OF MEMBERSHIP YOU WISH TO APPLY FOR: (PLEASE TICK BOX)

- ACCREDITED DOG TRAINING SCHOOL / BUSINESS: \$ 110:00
- ACCREDITED DOG TRAINER /INSTRUCTOR WORKING FOR A TRAINING SCHOOL/BUSINESS: \$ 44:00
- ORDINARY MEMBER: \$ 33:00
- AFFILIATE DOG TRAINER / OVERSEAS: \$ 82.50
- SERVICE DOG TRAINER: \$ 44:00
- ASSOCIATE MEMBER: \$ 22:00
- NON-PROFIT OBEDIENCE CLUB: \$ 82.50
- PETS AS THERAPY HANDLER: \$ 33:00

In submitting this application it is assumed that the applicant is familiar with the Rules of Association of the AAPDT Inc.

Please set out below in resume format, details of relevant experience. Provide documentation and attach at least 3 written references. Also If you are applying as a Dog Training School or Dog Trainer/Instructor working privately, please provide: business card, brochure, letterhead and other advertising material you use in conducting business. This is to aid in assessing your overall profile in the professional dog training industry.

NOMINATION FORM FOR APPLICANTS TO BE ASSESSED BY THE (TASC)

Before an applicant can be assessed by the Trainer Assessing Sub-Committee, (TASC) the applicant must be nominated by an existing accredited member of the AAPDT who's membership is at least equal to, or higher than that of the applicants, pursuant to the Rules of Association's clause 19.4.

I, _____ being an accredited member of AAPDT Inc., at the level of _____, hereby nominate _____ to be assessed by the Trainer Assessing Sub-Committee at the level of _____

Signed..... Date.....

This form must be forwarded with application to the secretary before any processing can be finalised.

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Are you currently providing a dog training service on a professional basis? Please give details, i.e. Number of clients, classes per week, day, evenings etc, part time or full time.

Are you earning a taxable income from the provision of Dog Training? Yes No

What type of training do you offer? E.g. Basic Obedience, Trial Training, Protection Training / other.

Why do you wish to become a member of the AAPDT?

Have you ever been convicted of being cruel to animals? Yes No

Have you ever been convicted of a criminal offence? Yes No

Are you registered* with your local council as a 'Dog Training Establishment'? Yes No

* Provide proof of registration

Do you have \$ 5,000,000 public liability insurance? Yes No

If so attach a copy of certificate of currency.

Are you First Aid qualified? Yes No

If so attach a copy of certificate of currency.

Have you completed a recognised course of instruction to become a dog trainer/instructor? Yes No

(If Yes please enclose details)

In submitting this, my application for membership to the Professional Dog Trainers Association of Victoria Inc. I hereby agree to abide by its Constitution and By-Laws. I submit herewith the required subscription and joining fee for membership to the AAPDT. Inc. *Send Application Form with fee to AAPDT Inc.- V/P c/- 19 Jeffery Street, Blackburn, Vic. 3130*

SIGNATURE: _____ DATE: _____

ENCLOSED: JOINING FEE: \$ 50:00
* MEMBERSHIP FEE: \$
TOTAL: \$

*** Membership is renewable on 30 June each year
For financial year 2007/8 (no pro rata)**