

**DOGS QUEENSLAND HERDING JUDGES TRAINING SCHEME – RECORD OF PRACTICAL EXPERIENCE**

NAME OF CANDIDATE:				DQ MEMBER No.:		
DATE	NAME OF AFFILIATE	NAME AND NUMBER OF CLASSES STOCK HANDLED	NAME AND NUMBER OF CLASSES SCRIBED or OTHER WORK	SIGNATURE & NAME OF TEST/TRIAL JUDGE	COMMENTS	SIGNATURE & NAME OF TEST/TRIAL SECRETARY/MANAGER *

**\* THE TEST/TRIAL SECRETARY/MANAGER IS CONFIRMING THAT THE ABOVE NAMED PERSON HAS DULY ASSISTED IN STOCK HANDLING, SCIBING OR OTHER DUTIES FOR A SUSTAINED PERIOD FOR THE CLASSES LISTED AT THE AFFILIATE’S EVENT.**

**I CERTIFY THAT I HAVE CARRIED OUT THE DUTIES FOR HERDING AFFILIATES SHOWN ABOVE**

**SIGNATURE OF TRAINEE JUDGE .....**