



APPLICATION FOR CANINE GOOD NEIGHBOUR EVALUATOR

INSTRUCTIONS::

- Form to be typed or printed in ink.
All signatures to be in ink and not printed.
Attach additional paper if required.
Return completed application to the attention of the Events Planning Department, Shows & Trials Division
Please contact the Event Planning Department for more information about eligibility Requirement

Name
Date of Birth (dd/mm/yy)
Mailing Address
City
Home Phone
Business Phone
Fax Number
CKC Membership No.
Province
Postal Code
Email Address

Section A Applicants must possess a sound background in training and/or handling of dogs.

- 1. a) Is this your first time applying to be a Canine Good Neighbour Evaluator? YES NO
b) If no, please list the date of your last application:
2. Are you a member of a Canadian Kennel Club accredited dog club of association? YES (please list) NO
3. Are you a Canadian Kennel Club licensed Judge? YES NO If YES, please provide your Judge's #:
4. List any seminars, workshops or other training you have participated in during the last 5 years, specific to dog training and/or handling, beginning with the most recent. Include proof of attendance, such as copies of certificates, receipts, etc.
5. List any certificates, awards, or titles you have received that reflect your experience and achievements in training or handling dogs. Include copies of certificates, award, etc. where possible.
6. List the breeds of dogs you have owned or co-owned

7. List any dogs that you have handled and that have earned Canadian Kennel Club titles:

Registration Number	Name of Dog	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section B

1. Indicate the type of experience you have in the training and handling of dogs, describe the experience and indicate where and when this experience was gained. Use only the most recent or relevant experience. Attach additional sheets if necessary. Applicants must demonstrate a minimum of 5 years experience in the training or handling of dogs.

	Type of Experience	Location / Company/Kennel/Club	Start Date (mm/yy)	End Date (mm/yy)
<input type="checkbox"/>	A. Instructing dog obedience or conformation classes (Please indicate which levels and breeds):		___ / ___	___ / ___
<input type="checkbox"/>	B. Handling dogs in any Canadian Kennel Club Events (Please indicate)		___ / ___	___ / ___
<input type="checkbox"/>	C. Training therapy dogs. (Please indicate which levels and describe your activities)		___ / ___	___ / ___
<input type="checkbox"/>	D. Working/volunteering in a humane shelter or kennel. (Describe your activities)		___ / ___	___ / ___
<input type="checkbox"/>	E. Working/volunteering in a veterinary clinic. (Describe your activities)		___ / ___	___ / ___

2. Please provide, at minimum, two letters of reference supporting at least one type of training/handling experience listed above. Additional references may be requested.

I hereby certify that the answers supplied on this application are, to the best of my knowledge and belief, true and correct. By affixing my signature to the bottom of this application, I am also certifying that I have not been convicted of any criminal activities relating to animals.

_____	_____
Date	Signature of Applicant
_____	_____
Date Approved	Approved by CKC