

DOGS NEW ZEALAND APPLICATION FORM FOR SCENTWORK INSTRUCTORS

Surname:

First Name:

Address:

Phone:

Email:

NZKC #:

Are you applying to become a Scentwork Club Instructor or Individual Instructor (delete the one that does not apply)

What Dogs NZ Club do you belong to?

What experiences have you had in training dogs?

What level(s) of Scentwork have you officiated in?

Are you currently participating in Scentwork with a dog?

If yes, what level(s)?

What prompted you to apply to be a Scentwork Instructor?

Please return this form to:

Arend van den Bos
43 Kathleen Crescent
Hornby
Christchurch 8042

Scentwork Instructor training completed: On:

At: