

THE GOVERNING COUNCIL OF THE CAT FANCY

APPLICATION TO REGISTER INTO THE GCCF JUDGE APPOINTMENT SCHEME

A separate form must be completed for EACH Breed Advisory Committee to which application is to be made, either now or in the future.

Please complete in block capitals or typing.

FULL NAME: TITLE MR;MRS;MISS;MS:

DATE OF BIRTH: (for insurance purposes)

FULL ADDRESS:

.....

..... POST CODE:

TELEPHONE:

EMAIL ADDRESS:

Full title of BAC whose Stewarding Scheme you wish to join:

To which Affiliated Breed Clubs that are members of the above named BAC do you belong?

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DATE OF QUALIFICATION AS A GCCF STEWARD:

NB: With the exception of present GCCF Judges and candidates within the GCCF Judge Appointment Scheme, all applicants to join the GCCF Judge Appointment Scheme must have completed the GCCF Stewarding Scheme successfully.

If the Stewarding Scheme was completed with a BAC for a different breed type, the applicant may be asked for up to 2 additional Stewarding Certificates to indicate competent handling of the BAC breed.

I have already registered into the Stewarding Scheme of the following BAC(s):

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I am already a Probationer Judge of (please give Breed List and date of Council appointment):

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I am already a Full Judge of (please give Breed List and date of Council appointment):

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BREEDING EXPERIENCE

PREFIX: YEAR GRANTED:

Details of kittens bred of breed(s) catered for by the above named BAC:

(Please give details of the first such kitten bred plus a sample of other kittens bred during the intervening years)

NAME DATE OF BIRTH BREED No.

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If you wish to be exempt from the breeding section because you have no prefix and/or breeding experience, application must first be made to the BAC.

EXHIBITING EXPERIENCE

List below the cats of breeds catered for by the BSGC exhibited by you in the last three years. If you have no breeding experience please give details of exhibiting experience for six years.

CAT'S NAME BREED No. APPROX.NO. OF TIMES SHOWN

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List below the Shows at which you have exhibited in the last year:

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To the best of my knowledge the information given above is correct.

SIGNED: **DATE:**

Please return this completed form to GCCF, 5 Kings Castle Business Park, The Drove, Bridgwater, Somerset, TA6 4AG