



TRIAL JUDGE APPLICATION

I wish to apply for the position of Trial Judge with the GCA.

APPLICANTS NAME: _____

FINANCIAL Y/N _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

Y/N I have read the GCA Judges Policy

Y/N I have read and understood the rules of the NCCA and bylaws of the GCA.

Y/N I understand that I must keep my own documentation on events I have judged in accordance with Form "GCA TRIAL JUDGE RECORD" available on the GCA Website.

Y/N I understand that by applying to be a GCA Trial Judge that not all applicants will be successful. If I am deemed to be not suitable, I will be notified by the judge's co-ordinators or the President of the GCA.

I have attended a Judges Seminar at: _____ on the (date) _____

Name of Facilitator _____

APPLICANTS SIGNATURE: _____ DATE: _____

Proposer and Secunder must be a GCA Accredited Open Judge

Proposer Name _____

Email _____ Phone: _____

Signature _____

Secunder Name _____

Email _____ Phone: _____

Signature _____

Please return completed form to:

Karen Penney, Judge Coordinator

Email: karen220753@gmail.com

Mobile: 0407 823 731