



ACA TRIAL JUDGE APPLICATION

I wish to apply for the position of Trial Judge with ACA. I declare that I am currently eighteen (18) years of age or older.

SECTION A: APPLICANT INFORMATION		
Note: Upon successful application, your name, phone number and suburb recorded below is publicised on the ACA Judges Panel		
Name:		ACA Membership Number:
Address:		Suburb:
State:	Postcode:	Phone Number:
Email Address:		
Applicants Signature:		Date:

SECTION B: ACA JUDGES SEMINAR INFORMATION	
Note: Applicants must have attended an ACA Judges Seminar within 12 months of applying.	
ACA Judges Seminar the Applicant Attended:	Date:
Name of Facilitator/s:	

SECTION C: PROPOSER			
Note: The Proposers must be the facilitator or current ACA Open Judge at the Judges Seminar listed in Section B.			
Name:		ACA Membership Number:	
Please Tick: <input type="checkbox"/> Facilitator <input type="checkbox"/> Open Judge	Signature:		Date:
Name:		ACA Membership Number:	
Please Tick: <input type="checkbox"/> Facilitator <input type="checkbox"/> Open Judge	Signature:		Date:

Note To Applicants:

- You must be a full ACA Financial Member for your application to be considered.
- Completion of this form does not guarantee automatic acceptance. Applications must be received by the due date and will be considered by the Management Committee at the next scheduled Management Committee Meeting.
- Applicants will be notified of their application status within five (5) business days following the Management Committee Meeting.
- **As per Rule 1.8, applicants will not be considered unless all fields on this form are completed.**

SECTION D: OFFICE USE ONLY	
Applicant is a full ACA Financial Member:	Sign:
Proposer is a full ACA Financial member & Facilitator or Open Judge at the attended Judges Seminar:	Sign:
Proposer is a full ACA Financial Member & Facilitator or Open Judge at the attended Judges Seminar:	Sign: