

**AUSTRALIAN BOARD OF HIGHLAND DANCING INC.**

**2021 ADJUDICATORS RENEWAL FORM – ABHDI ONLY JUDGE**

**This form must be completed and returned no later than October 31st, 2020 to ensure correct placement on the 2021 Australian Board of Highland Dancing Inc Judges Panel list. Please be sure to print clearly and complete all sections of this form.**

|  |  |  |  |
| --- | --- | --- | --- |
| MCFL00025_0000[1] | **Mail:** | **Email:** | **Fax:** |
| **Helen Jimmieson** **7 Blanche Court****Rothwell****QLD 4022****Australia** | **abhdisecretary@bigpond.com** | **N/A** |

**A. PERSONAL CONTACT INFORMATION:**

|  |  |
| --- | --- |
| **Name** |  |
| **Permanent Address** |  |
|  |  |
| **City/Town** |  |
| **State** |  |
| **Postal Code** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Have these details changed since last year?** |  **Yes [ ]  No [ ]** **(If Yes, please ensure you have also completed the ABHDI update form for judges – available on our website)** |

**B. DO YOU HAVE A CURRENT (i.e. within 2 years of receipt) PVG/ ENHANCED POLICE CHECK OR EQUIVALENT?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

**If yes please provide a copy, if required, to the above address.**

**C. PROVIDE FULL DETAILS OF JUDGES MEETINGS YOU ATTENDED DURING THE PREVIOUS TWO YEARS:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DATE (MMM/YEAR)** | **VENUE/LOCATION** | **COUNTRY** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

**D. PROVIDE FULL DETAILS OF A CHAMPIONSHIP OR COMPETITION YOU ADJUDICATED SINCE JANUARY 1ST, 2015:**

|  |  |
| --- | --- |
| **Date** |  |
| **Competition Organiser/ Event name or Championship Title** |  |
| **Venue/Location** |  |

**E. CHAMPIONSHIP SET STEP LECTURE YOU ATTENDED FOR THE 2020/2021 SET STEPS:**

|  |  |
| --- | --- |
| **Date** |  |
| **Location/Venue/City** |  |
| **Lecturer(s)** |  |

**F. HAVE YOU ADJUDICATED SIX OR MORE OPEN CHAMPIONSHIPS SINCE THE DATE ON WHICH YOU PASSED THE JUDGES’TEST? (making you eligible to adjudicate National championships)?**

**(If NO, please advise the ABHDI Secretary –** **abhdisecretary@bigpond.com** **- immediately upon completing this requirement, listing the dates and Titles of the championships you have adjudicated)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **[ ]**  | **No** | **[ ]**  |

**G. SCOTTISH NATIONAL DANCE PREMIERSHIP STEP LECTURE YOU ATTENDED FOR THE 2020/2021 SET STEPS:**

|  |  |
| --- | --- |
| **Date** |  |
| **Location/Venue/City** |  |
| **Lecturer(s)** |  |

**H. STATUS OF ADJUDICATOR: (Please check the appropriate box)**

|  |  |
| --- | --- |
| **Full Panel** | **[ ]**  |
| **Competition Only** | **[ ]**  |
| **Full Panel (Under 16 Yrs. Only)** | **[ ]**  |
| **Competition Only (Under 16 Yrs.)** | **[ ]**  |

**I. DO YOU AGREE TO YOUR PERSONAL CONTACT INFORMATION BEING PUBLISHED ON THE ABHDI ADJUDICATORS PANEL LIST AND DISTRIBUTED ELECTRONICALLY IF REQUIRED?**

**(Please check one box)**

|  |  |  |  |
| --- | --- | --- | --- |
| **I Agree** | **[ ]**  | **I Do Not Agree** | **[ ]**  |

**If you wish to change your decision on this at any time please contact the ABHDI Secretary.**

**J. DO YOU REQUIRE CONFIRMATION OF RECEIPT OF THIS FORM? (Please check one box)**

|  |  |
| --- | --- |
| **Yes, by Email****(Email address must be included above)** | **[ ]**  |
| **Yes, by Mail****(Enclose a stamped self-addressed envelope)**  | **[ ]**  |

**PTO**

**I AGREE TO ADHERE TO ALL CURRENT RULES AND REGULATIONS OF THE ROYAL SCOTTISH OFFICIAL BOARD OF HIGHLAND DANCING AND THE AUSTRALIAN BOARD OF HIGHLAND DANCING INC**

**I AGREE TO ADHERE TO THE CODE OF ETHICS OF THE AUSTRALIAN BOARD OF HIGHLAND DANCING INC.**

**I AGREE TO INDEMNIFY THE ABHDI OR ANY ORGANISATION, BODY, ASSOCIATION OR INDIVIDUAL WITH FULL MEMBERSHIP OF THE ABHDI FROM MY CRIMINAL ACTIONS WHILST ACTING AS AN ABHDI ADJUDICATOR.**

**I AGREE THAT I WILL NOT ADJUDICATE MY OWN STUDENTS OR STUDENTS OF RELATIVES IN CHAMPIONSHIPS OR OTHER COMPETITIONS. I WILL NOT ADJUDICATE AT ANY EVENT WHERE MY STUDENTS OR STUDENTS OF RELATIVES ARE COMPETING. I AGREE THAT THE DEFINITION OF RELATIVE IS WHERE I HAVE KNOWLEDGE OF ANY COMPETITOR OR TEACHER OF A COMPETITOR BEING FIRST COUSIN AND ABOVE OR LEGAL GUARDIAN.**

**I ACCEPT FULL RESPONSIBILITY TO MAKE A COMPETITION ORGANISER AWARE OF ANY RELEVANT FAMILY CONNECTIONS, AND TO ADVISE THESE RELATIVES IMMEDIATELY UPON ACCEPTING A JUDGING ENGAGEMENT.**

|  |  |
| --- | --- |
| **Signature:****(Signature not required if submitting form electronically)** | **Date:****(DD/MM/YY)** |
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