

	ID No.
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LICENCE APPLICATION FORM

Period Ending 30 June, 2017



TYPE OF LICENCE YOU ARE APPLYING FOR: (Please tick one box only)

<input type="checkbox"/>	Attendant - \$40.00 Licensed to handle greyhounds & assist trainer
<input type="checkbox"/>	Owner/Trainer - \$75.00 Must retain all or part ownership of greyhounds they train
<input type="checkbox"/>	Trainer - \$135.00 May train own greyhound or for the public

ALL APPLICATIONS REQUIRE: <ul style="list-style-type: none">• National Criminal History Record Check• Certified Colour Passport Size Photo• Certified Copy of Driver's Licence, Passport or Birth Certificate• Appropriate Fee
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PERSONAL DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Full Name					
Date of Birth	/ /	Drivers Licence No. (if applicable)		State Licence Held (if applicable)	
Telephone Number/s	Home	()	Work	()	
	Fax	()	Mobile		
Email Address					

***Please provide an email address above to receive your prize money payment summary notifications.**

Preferred Contact Method	<input type="checkbox"/> Email	<input type="checkbox"/> SMS	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home	<input type="checkbox"/> Post
Receive SMS Alerts	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

PHYSICAL ADDRESS

Address				
Suburb		State		Postcode

POSTAL ADDRESS (if different to Physical Address)

Address				
Suburb		State		Postcode

KENNEL ADDRESS (if different to Physical Address)

Full Name of Property Owner				
Address				
Suburb		State		Postcode

GST DECLARATION

Is greyhound racing your full time occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Hobbyist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you registered for GST?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide your ABN		

PLEASE TURN OVER FOR QUESTIONNAIRE, DECLARATIONS & APPLICATION CHECKLIST
FAILURE TO PROVIDE ALL INFORMATION MAY RESULT IN THE WITHHOLDING OF YOUR LICENCE



LICENCE APPLICATION FORM

Period Ending 30 June, 2017



QUESTIONNAIRE

1. Have you ever been or are you currently disqualified, suspended, warned off or listed as defaulter by any horse, harness or greyhound racing body? Yes No
2. Have you, in the last 10 years, been convicted of any criminal offence (or placed on a bond) under your own name or any other name? Yes No
3. Are there any charges or criminal prosecutions now pending against you? Yes No
4. Have you even been charged with or convicted of an offence under the Prevention of Cruelty to Animals Act? Yes No

If you have answered 'Yes' to any of the above questions, please provide details below:

BANK ACCOUNT DETAILS - All prize money payments will be made by direct transfer to the nominated bank account.

Account Name											Bank						
BSB No.				-				Account No.									

Note: bank account details not required for Attendant applications

ADDITIONAL INFORMATION REQUIRED

To enable the completion of your application, you are required to provide the following contact details of referee/s for your licence category only as follows:

ATTENDANTS LICENCE APPLICATION

Contact details of a **person** licenced with GRNSW who has held a licence for more than 2 years:

Name:											Daytime Phone No.:				
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OWNER/TRAINERS LICENCE APPLICATION

Contact details of a **trainer** licenced with GRNSW who has held a licence for more than 2 years:

Name:											Daytime Phone No.:				
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TRAINER LICENCE APPLICATION

Contact details of a **trainer** licenced with GRNSW who has held a licence for more than 2 years:

Name:											Daytime Phone No.:				
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Contact details of a **Business person** who you have regular financial transactions with eg. Veterinarian, food supplier or accountant:

Name:											Daytime Phone No.:				
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DECLARATION, UNDERTAKINGS & AUTHORISATIONS

I declare that the particulars contained in this application are true and correct and that I understand it is a serious offence under the Rules of Greyhound Racing and the Greyhound Racing Act 2009 to make a false declaration and / or provide false or misleading information at any time to GRNSW. As a condition of the granting of my application for this licence / registration to be issued / renewed, I agree at all times to observe and be bound by the Greyhound Racing Act 2009 and the Rules of Greyhound Racing, all applicable rules and laws in force from time to time during the currency of this licence / registration and all decisions and directions by GRNSW that it is empowered to make or give. I will advise GRNSW if there is any change in the particulars in this application. Failure to disclose full and accurate information to GRNSW when requested by GRNSW as part of its licensing and supervisory activities may result in GRNSW refusing to grant or renew such a licence or revoking or suspending your licence.

PRIVACY POLICY

GRNSW understands the importance of your personal information and its privacy. GRNSW is committed to ensuring the privacy of your personal information. The types of personal information that GRNSW request that you provide will depend on the category of licence or registration that you are applying for or the service you are requesting. GRNSW respects that individuals have the right to know what information it holds about them. The GRNSW Privacy Policy accords with the National Privacy Principles to protect the privacy of your information and is based on the Commonwealth Privacy Act 1988. You do not have to supply the information requested in this application, but if the information (or any part of it) is not provided your application may be rejected. The GRNSW Privacy Policy is available on www.thedogs.com.au.

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SIGNATURE OF APPLICANT

/ /
Date

APPLICATION CHECKLIST

Have all the application requirements been completed, documents and appropriate fee enclosed Yes No

PAYMENT DETAILS

Credit Card Number Details											VISA					MasterCard				
Credit Card No.																				
Expiry Date			/																	
Name on Card																				

If assistance is required with your application, please contact GRNSW Member Services on (02) 8767 0500 or email MemberServices_D@grnsw.com.au Page 2 of 2

OFFICE USE ONLY	Kennel Inspection Date: / /	Probity Check Received? Yes <input type="checkbox"/> No <input type="checkbox"/>	Interview Date: / /
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