

Application for Stablehand's Licence – Volunteer Worker Under 18 Years of age

Please note that this application MUST be accompanied by the following documents at the time of lodgement. Applicants must be over 14 years.

- **Payment of the current application fee - \$30.00 (2015/16 season)**
- Please email a recent colour photo to registration@hrnsw.com.au
- Copy of Birth Certificate (first time applicants)

All questions must be answered

This application should only be completed by a person who works for a licensed harness racing trainer on a volunteer basis and, as such, does not receive any "fee or reward" for his/her services as a Stablehand.

Mr/Mrs/Ms/Miss	Stablehand's Surname	Given Names
Residential Address		Postcode
Postal Address if the same write "as above"		Postcode
Home Phone	Work Phone	Fax Number
Mobile Number	D.O.B	Place of Birth
Email		
Are you an Australian resident YES / NO? If NO provide details and attach a copy of the Work Visa		
Employing Trainer's Surname		Trainer's Licence Number
Trainer's First Name		Trainer's Second Name

CREDIT CARD PAYMENT OPTION

Please charge my: VISA CARD MASTERCARD

Card Number:

Expiry Date: *CCV _____ Authorised Amount: \$ _____

(*3-digit value printed on the back of credit card)

Cardholder's Name: _____ Signature: _____

Office Use Only

Receipt No.	Licence No.
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Medical Examination – Present State of Health

(All details must be supplied and all questions answered by the applicant)

1. Present Weight <div style="text-align: right;">KG</div>	2. Height <div style="text-align: right;">CM</div>	3. Have you any sight defect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Are you presently receiving medical treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Have you ever been in receipt of a sickness benefit or workers compensation payment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you any physical defects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes describe		

Past History

Have you ever suffered from the following?

7. High blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. Blood in urine or faeces	Yes <input type="checkbox"/>	No <input type="checkbox"/>	9. Pneumatic fever, Rheumatism, joint pain or frequent headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Epilepsy or fits	<input type="checkbox"/>	<input type="checkbox"/>	11. Weak heart or Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	12. Shortness of breath or dizziness	<input type="checkbox"/>	<input type="checkbox"/>
13. Swelling of ankles	<input type="checkbox"/>	<input type="checkbox"/>	14. Chronic cough or sputum	<input type="checkbox"/>	<input type="checkbox"/>	15. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
16. Digestion or stomach disorders	<input type="checkbox"/>	<input type="checkbox"/>	17. Frequent diarrhoea or Dysentery	<input type="checkbox"/>	<input type="checkbox"/>	18. Deafness or discharging from ear	<input type="checkbox"/>	<input type="checkbox"/>
19. Asthma or severe hay fever	<input type="checkbox"/>	<input type="checkbox"/>	20. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	21. Mental illness or nervous breakdown	<input type="checkbox"/>	<input type="checkbox"/>
22. Any other illness or medical condition <small>(attach details)</small>	<input type="checkbox"/>	<input type="checkbox"/>	23. Have you any previous medical condition <small>(attach details)</small>	<input type="checkbox"/>	<input type="checkbox"/>	24. Frequent headaches or migraines	<input type="checkbox"/>	<input type="checkbox"/>

Declaration I declare that all answers are true and correct. I agree to advise HRNSW of any change that may occur in my medical condition which may effect my ability to participate in harness racing. I authorise Harness Racing NSW to provide the details of my health contained in this application, to such medical practitioners it may deem necessary, to determine my fitness for the role to which the application relates.

If applicant is under 18 years of age, application MUST be signed by a Parent/Guardian

Signature of applicant	Date
Signature of Parent/Guardian	Date

Medical Practitioner's Report

(Medical Practitioner's use only)

General Appearance	Is there any Hernia?	Nervous system	
Ear, Nose & Throat	Gland areas	Lungs	
Abdomen	Conditions of spine, limbs, joints		
Blood pressure <small>Systolic</small>	mmHg	Diastolic	mmHg
Condition of heart <small>Size</small>	Sounds	Rhythm	Pulse rate
Sight – uncorrected <small>R6/</small>	L6/	Sight – corrected <small>R6/</small>	L6/
Hearing <small>Right</small>	Left	Urine <small>Glucose</small>	Albumin
Detail any relevant aspects of history			

I conclude that, in relation to the Driving, Training or Stablehand duties to be undertaken by the applicant if licensed: ✓ Tick applicable box

Yes the applicant is FIT for these duties No the applicant is UNFIT for these duties

Examiner's Statement

Name of Examining Doctor	Phone number	Signature of Doctor	Date
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Conditions of Licence and Declarations

I, the applicant, make the following declarations, understandings, authorisations and acknowledgements in respect of this application:

- A. I declare that the particulars contained in this application are true and correct.
- B. I declare that I understand that it is a serious offence under the Rules of Harness Racing to make a false declaration and/or provide false or misleading information to HRNSW.
- C. I declare that, as a condition of the grant of my application to be licensed by HRNSW, I will comply at all times with the Rules of Harness Racing and all applicable laws in force from time to time.
- D. I undertake to advise HRNSW in writing if I become aware of any change of the particulars set out in this application and from time to time.
- E. I understand and agree that HRNSW will own all intellectual property in the information submitted by me with and in connection with this application and I hereby assign to HRNSW all such intellectual property in the information and acknowledge that HRNSW may use the information in its sole discretion and for any of the following purposes; publication in racebooks, racing calendars, industry publications and on industry websites.

Stablehand's declaration

I make this application pursuant to the Rules of Harness Racing for the state of New South Wales, and I acknowledge that I hereby become subject to and bound by the Rules of Harness Racing and the acts and decisions of Harness Racing NSW and all persons authorised by Harness Racing NSW to act and give directions, and I undertake and agree to observe and comply with the Rules of Harness Racing and such acts and decisions. I declare the above particulars to be true to the best of my knowledge and belief.

I hereby warrant that I will not receive any fee or reward in relation to the performance of my duties as a Stablehand. I will undertake those duties as a volunteer but not as a worker within the terms of the Workers Compensation Act and I acknowledge that I will not be covered by any Workers Compensation insurance. In the event that I cease being a volunteer and receive a fee or reward for performing my duties as a Stablehand I will immediately notify Harness Racing NSW.

By signing below I acknowledge that I give permission to HRNSW to perform any necessary Visa checks including through the Department Of Immigration and Border Protection.

Signature of Stablehand

Date

Signature of Trainer

Date