

## Application for a Trainer's and/or Driver's Licence

Please note that this application must be accompanied by the following documents at the time of lodgement.

- Payment of current application fee **MUST** accompany this application (Refer to fees below)
- Please email a recent colour photo to [registration@hrnsw.com.au](mailto:registration@hrnsw.com.au)
- A copy or an extract from a Birth Certificate
- Police Probity check for all first time applicants over 18 years

All questions must be answered

To enable your application to be considered without delay by HRNSW this form must be completed in full by you.

Mr/Mrs/Ms/Miss	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		
Preferred Name: For race book and form guide purposes, you may wish to be known by an abbreviated version of your name or your second given name. If so, please advise the preferred name: _____		

Type of Licence required (Please tick)

Fees for 2015/16 Season are:      **Trainer Only fee \$290**      **Driver Only Fee \$290**      **Trainer & Driver combination fee \$400**

<input type="checkbox"/> A Grade Trainer	<input type="checkbox"/> B Grade Trainer	<input type="checkbox"/> C Grade Trainer
<input type="checkbox"/> A Grade Driver	<input type="checkbox"/> B Grade Driver	<input type="checkbox"/> C Grade Driver

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	KG	2. Height	CM	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?

		Yes	No			Yes	No			Yes	No
7	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	8	Blood in urine or faeces	<input type="checkbox"/>	<input type="checkbox"/>	9	Pneumatic fever, Rheumatism, joint pain or frequent headaches	<input type="checkbox"/>	<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 (attach details)	<input type="checkbox"/>	<input type="checkbox"/>	23	Have you any previous medical condition (attach details)	<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.

Signature of applicant	Date
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### 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 Systolic	mmHg	Diastolic	mmHg
Condition of Heart Size	Sounds	Rhythm	Pulse rate
Sight – Uncorrected R6/ L6/	L6/ L6/	Sight – Corrected R6/ L6/	L6/ L6/
Hearing Right	Left	Urine Glucose	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:

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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Questionnaire

**If you answer 'yes' to any of the questions below please include full details next to the question.**  
*If you answer 'yes' to any of the above questions you are required to provide full details of the nature of the incident/s and the result of any matter.*  
*You may also be required to attend an interview with officers of HRNSW in due course.*

	Yes	No
1. Have you ever filed for bankruptcy? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been the subject of bankruptcy proceedings against you? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever entered into a compromise with creditors? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever taken part in an unregistered race meeting? _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been involved in any activity associated with SP betting? _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you or have you previously been licensed by any racing authority or controlling body? <span style="float: right;">If so please provide details of all licences</span> _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been the subject of a disqualification, suspension or any other disability imposed by any racing authority or controlling body? _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a license application made by you refused, revoked or withdrawn by any racing authority body? _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you currently under any disqualification, suspension or other disability imposed by any racing authority or controlling body? _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you, at any time, been convicted of any offence in any court (whether under your own name or any other name)? _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you, at any time, been on or are you now on a bond or recognisance? _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there any charges in any criminal or civil proceedings pending against you? _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever forfeited bail? _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Please provide the name and address of the stables that you will use as your training establishment _____		
15. Are the stables to be shared with any other trainer? If so, please give names of the other Trainers _____	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you understand that, if any of the information set out by you in this form is incorrect, you may be called upon to show cause why the licence granted to you should not be revoked, suspended or otherwise dealt with? _____	<input type="checkbox"/>	<input type="checkbox"/>

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 to the particulars set out in this application.
- 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 or any of the following purposes; publication in racebooks, racing calendars, industry publications and on industry websites.

Declaration, Undertaking, Authorisations & Acknowledgements

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

I declare that the particulars contained in this application are true and accurate to the best of my knowledge and belief. I undertake to advise Harness Racing NSW if I become aware of any change in the particulars. I acknowledge that Harness Racing NSW may provide the details on this application to other organisations within Australia charged with the control and regulation of racing. I authorise Harness Racing NSW to provide details of my name, address and telephone number to Clubs conducting Harness Racing in New South Wales. 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 affect 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 in which the application relates.

Signature of applicant

Publish my details in the Licence Holders Directory.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>