

GREYHOUND & HARNESS RACING REGULATORY AUTHORITY

22 Meredith Street, Bankstown. Telephone: (02) 9722 6600
P.O. Box 358, Bankstown 1885. Fax: (02) 9722 6687



APPLICATION FOR A TRAINER'S AND/OR DRIVER LICENCE

Please note that this Application must be accompanied by the following documents at the time of lodgment:

1. Payment of the applicable fee;
2. A recent (within last 6 months) colour passport photo;
3. A copy or extract of your Birth Certificate

QUESTIONNAIRE – ALL QUESTIONS MUST BE ANSWERED

To enable your application to be considered without undue delay by the GHRRA this form **MUST** be completed in full by you

Name _____
TITLE _____ SURNAME _____

GIVEN NAME _____ SECOND GIVEN NAME _____

Residential Address _____
_____ POSTCODE _____

Postal Address _____
_____ POSTCODE _____
(Write "as above" if same as Residential)

Phone No: () _____ PRIVATE () _____ BUSINESS
() _____ FACSIMILE () _____ MOBILE

Date of Birth ____ / ____ / ____ Place of Birth _____

Preferred Name: For facebook and formguide 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 (tick appropriate box/es)

- | | | | | | |
|-----------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|
| 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 | <input type="checkbox"/> |

MEDICAL EXAMINATION – (All Details Must Be Supplied And Questions Answered) PRESENT STATE OF HEALTH

1. Present Weight <input style="width: 50px;" type="text"/> kg 2. Height <input style="width: 50px;" type="text"/> cm 3. Have you any sight defect? Yes No <input type="checkbox"/> <input type="checkbox"/>	4. Are you presently receiving medical treatment? Yes No <input type="checkbox"/> <input type="checkbox"/> 5. Are you, or have you ever been in receipt of a sickness Benefit or Worker's Compensation Payment? Yes No <input type="checkbox"/> <input type="checkbox"/>	6. Have you any physical defects? Yes No <input type="checkbox"/> <input type="checkbox"/> Describe
---	---	--

PAST HISTORY *Have you ever suffered from any of the following?*

7. High Blood Pressure Yes No <input type="checkbox"/> <input type="checkbox"/> 8. Blood in urine or faeces Yes No <input type="checkbox"/> <input type="checkbox"/> 9. Rheumatic Fever, Rheumatism, joint pain or frequent headache Yes No <input type="checkbox"/> <input type="checkbox"/> 10. Epilepsy or Fits Yes No <input type="checkbox"/> <input type="checkbox"/> 11. Weak Heart or Heart Disease Yes No <input type="checkbox"/> <input type="checkbox"/> 12. Shortness of Breath or dizziness Yes No <input type="checkbox"/> <input type="checkbox"/>	13. Swelling of Ankles Yes No <input type="checkbox"/> <input type="checkbox"/> 14. Chronic Cough or Sputum Yes No <input type="checkbox"/> <input type="checkbox"/> 15. Tuberculosis Yes No <input type="checkbox"/> <input type="checkbox"/> 16. Digestion or Stomach Disorders Yes No <input type="checkbox"/> <input type="checkbox"/> 17. Frequent Diarrhoea or Dysentery Yes No <input type="checkbox"/> <input type="checkbox"/> 18. Deafness or Discharging Ear Yes No <input type="checkbox"/> <input type="checkbox"/>	19. Asthma or Severe Hayfever Yes No <input type="checkbox"/> <input type="checkbox"/> 20. Diabetes Yes No <input type="checkbox"/> <input type="checkbox"/> 21. Frequent Headache or Migraine Yes No <input type="checkbox"/> <input type="checkbox"/> 22. Mental illness or Nervous Breakdown Yes No <input type="checkbox"/> <input type="checkbox"/> 23. Any other illness or medical condition (<i>attach details</i>) Yes No <input type="checkbox"/> <input type="checkbox"/> 24. Have you any previous medical condition (<i>attach details</i>) Yes No <input type="checkbox"/> <input type="checkbox"/>
---	---	--

DECLARATION

I declare that all answers are true and correct. I agree to advise GHRRA of any change that may occur in my medical condition which may effect my ability to participate in harness racing. I authorise Greyhound & Harness Racing Regulatory Authority 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:

MEDICAL PRACTITIONERS REPORT (Medical Practitioners 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.....

Conditions of Heart
 Size Sounds Rhythm Pulse Rate

Sight – Uncorrected
 R6/ L6/ Sight - Corrected
 R6/ L6/

Hearing
 Right Left Urine
 Glucose Albumin.....

Details 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:

- The applicant is **FIT** for these duties
- The applicant is **UNFIT** for these duties

EXAMINER'S STATEMENT		
..... Name of Examining Doctor Phone No Signature of Doctor
		Date / /

CRIMINAL HISTORY RECORD CHECKS

All new licence/registration applications are subject to Criminal Record checks. Existing licensees may also be required to undergo such checks. The information contained in these records may lead to the licence/registration application being refused.

- 1. Have you ever been convicted of any criminal offence within the last ten years?
 - Yes. Please give details
 -
 - No

- 2. Have you ever been disqualified or suspended by any Controlling Body of Harness Racing, Horse Racing or Greyhound Racing in any State?
 - Yes. Please give details
 -
 - No

- 3. Have you ever been refused a licence by any Controlling Body of Harness Racing or Greyhound Racing in any State?
 - Yes. Please give details
 -
 - No

- 4. Have you ever held a Harness Racing Licence before?
 - Yes. Please give details
 - Season Last Registered
 - No

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 the Authority in due course.

PROPOSED TRAINING ESTABLISHMENT

- 1. Please provide the name and address of the Stables that you will use as your Training Establishment:
 -
 -

- 2. Are the Stables to be shared with any other Trainer? If so, please give names of the other Trainer/s:
 -
 -

- 3. 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?
YES/NO

CONDITIONS OF LICENCE AND DECLARATIONS

I, the applicant, make the following declarations, undertakings, authorisations and acknowledgments 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 at any time to the GHRRA.
- C. I declare that, as a condition of the grant of my application to be licensed by the GHRRA, 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 GHRRA 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 the GHRRA will own all intellectual property in the information submitted by me with and in connection with this application and I hereby assign to the GHRRA all such intellectual property in the information and acknowledge that the GHRRA may use the information in its sole discretion and for any of the following purposes: publication in race books, racing calendars, industry publications and on industry websites.

DECLARATION, UNDERTAKINGS, 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 Greyhound & Harness Racing Regulatory Authority if I become aware of any change in the particulars. I acknowledge that Greyhound & Harness Racing Regulatory Authority to provide the details on this application to other organisations within Australia charged with the control and regulation of racing. I authorise Greyhound & Harness Racing Regulatory Authority 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 GHRRA of any change that may occur in my medical condition which may affect my ability to participate in harness racing. I authorise Greyhound & harness Racing Regulatory Authority 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.

Publish my details in the Licence Holders Directory. (Please tick box) Yes No

Signature of Applicant _____ Date: _____

Please complete this section for credit card payment.

() Bankcard () Visa () Mastercard

Number: _____ Expiry Date: _____

Signature: _____ Name: _____

OFFICE USE ONLY

Receipt No: Licence No: