

**APPLICANTS MUST BE AT LEAST 14 YEARS OF AGE**

**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  
STABLEHAND'S LICENCE – VOLUTEER WORKER**

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;

**QUESTIONNAIRE – ALL QUESTIONS MUST BE ANSWERED**

NOTE: 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 OR HER SERVICES AS A STABLEHAND.

**Stablehand's  
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** \_\_\_\_\_

**Employing  
Trainer's Name**

SURNAME \_\_\_\_\_

LICENCE NO. \_\_\_\_\_

FIRST GIVEN NAME \_\_\_\_\_

SECOND GIVEN NAME \_\_\_\_\_

**\*\*\*PLEASE NOTE MEDICAL ON NEXT PAGE MUST BE COMPLETED PRIOR TO LODGEMENT\*\*\***

MEDICAL EXAMINATION – (All Details Must Be Supplied And Questions Answered)

PRESENT STATE OF HEALTH

1. Present Weight <input style="width: 40px; height: 20px;" type="text"/> kg 2. Height <input style="width: 40px; height: 20px;" type="text"/> cm 3. Have you any sight defect? Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	4. Are you presently receiving medical treatment? Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 5. Are you, or have you ever been in receipt of a sickness Benefit or Worker's Compensation Payment? Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	6. Have you any physical defects? Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> Describe ..... ..... .....
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PAST HISTORY *Have you ever suffered from any of the following?*

7. High Blood Pressure Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 8. Blood in urine or faeces Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 9. Rheumatic Fever, Rheumatism, joint pain or frequent headache Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 10. Epilepsy or Fits Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 11. Weak Heart or Heart Disease Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 12. Shortness of Breath or dizziness Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	13. Swelling of Ankles Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 14. Chronic Cough or Sputum Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 15. Tuberculosis Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 16. Digestion or Stomach Disorders Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 17. Frequent Diarrhoea or Dysentery Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 18. Deafness or Discharging Ear Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	19. Asthma or Severe Hayfever Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 20. Diabetes Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 21. Frequent Headache or Migraine Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 22. Mental illness or Nervous Breakdown Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 23. Any other illness or medical condition (attach details) Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> 24. Have you any previous medical condition (attach details) Yes No <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>
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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 Sight - Corrected  
 R6/ ..... L6/ ..... R6/ ..... L6/.....

Hearing Urine  
 Right ..... Left ..... 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.**

## **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.

## **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 an bound by the Rules of Harness Racing and the acts and decisions of Greyhound & Harness Racing Regulatory Authority and all persons authorised by Greyhound & Harness Racing Regulatory Authority to act and give decisions, 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 herby warrant that I will not receive any fee or reward in relation to the performance of my duties as a stable hand. I will undertake those duties as a volunteer but no 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 Greyhound & Harness Racing Regulatory Authority.

Signature of Stablehand \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Trainer \_\_\_\_\_ Date: \_\_\_\_\_

### **Please complete this section for credit card payment.**

( ) Bankcard ( ) Visa ( ) Mastercard

Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

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### **OFFICE USE ONLY**

Receipt No: .....

Licence No: .....