

Application for Stablehand's Licence – Volunteer Worker

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 application fee (Refer to current Gazette Program or visit www.hrnsw.com.au)
- A recent (within 6 months) colour passport photo
- A completed medical form (located on page 2 of this application)

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	Email	D.O.B	Place of Birth
Employing Trainer's Surname		Trainer's Licence Number	
First given Name		Second Given Name	

Credit Card Payment

Visa
 Mastercard

Card Number	Expiry Date
Name on Card	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?

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	Yes <input type="checkbox"/>	No <input type="checkbox"/>	11. Weak heart or Heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	12. Shortness of breath or dizziness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Swelling of ankles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	14. Chronic cough or sputum	Yes <input type="checkbox"/>	No <input type="checkbox"/>	15. Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Digestion or stomach disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	17. Frequent diarrhoea or Dysentery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	18. Deafness or discharging from ear	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Asthma or severe hay fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	20. Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	21. Mental illness or nervous breakdown	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Any other illness or medical condition <small>(attach details)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	23. Have you any previous medical condition <small>(attach details)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	24. Frequent headaches or migraines	Yes <input type="checkbox"/>	No <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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Criminal history record check

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.

If you answer 'yes' to any of the questions below please include full details in the space provided

Yes No

You may also be required to attend an interview with officers of HRNSW in due course.

- | | | | | |
|-------|--|--------------------------|--------------------------|--|
| 1. | Have you ever been convicted of any criminal offence within the last ten years?
_____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <hr/> | | | | |
| 2. | Have you ever been disqualified or suspended by any controlling body of harness, horse or greyhound racing in
any State, Territory or Country?
_____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <hr/> | | | | |
| 3. | Have you ever been refused a licence by any controlling body of harness, horse or greyhound racing in any State,
Territory or Country?
_____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <hr/> | | | | |
| 4. | Have you ever held a harness racing licence before?
_____ | <input type="checkbox"/> | <input type="checkbox"/> | If 'Yes' – Season last registered
_____ |
| <hr/> | | | | |

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.

Signature of Stablehand

Date

Signature of Trainer

Date