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APPLICATION FOR AN ARTIFICIAL BREEDING TECHNICIAN LICENCE FOR REGISTERED STANDARDBRED MARES – 2025 / 2026 BREEDING SEASON

This application is to be completed in full and submitted with any additional documentation as may be requested herein. Note that applicants issued an Artificial Breeding Technician licence by HRNSW are licenced on the provision that they are to only undertake AI procedures on registered Standardbred mares using fresh, chilled or frozen semen obtained from stallions registered with HRNSW for the application season.

Title	Surname			Given Names					
Postal A	Address							Post Code	
Home /	Work Cont	act Number	Mobile	Date of Bir			Birth		
email a	ddress		<u> </u>						
•	undertal	relevant course con sen and year(s) of cor	THE FOLLOWING QUESTION Inpleted, or other qualification Inpletion: If only recognise Artificial Breeding	ns gained as an inse	eminator	- including traini			
	through a		proved by the Veterinary Practition						
•	Have you	u been previously em	ployed in this capacity, and if s	o, provide details of	experienc	ce:			
Signatu	re of Applic	ant			Dat	е			
	=	return this application to ile for you) the following	o the attention of the Registrar & Li :	cencing Officer. Note th	at you will	be required to provi	de (if H	RNSW do not have	
Identific	cation (cop)	of Birth Certificate or a	clear colour copy of your NSW Drive	ers Licence or Australian	Passport)				
Digital N	National Po	lice Certificate (issued by	v the NSW Police Service – <u>https://p</u>	oortal.police.nsw.qov.au,	/s/policech	eck-definition?report	tType=0	<u>CP PoliceCheck</u>)	
Digital P	Photograph	(JPEG emailed to <u>registr</u>	ation@hrnsw.com.au or passport p	photo mailed with applica	ation)				

Note that, per the directions of the Veterinary Practitioners Board of NSW, applicants are required to provide a **Supervising Veterinarian Declaration** (printed on the reverse of this licence application) which is to be completed in conjunction with the registered veterinarian whom will provide you with general supervision in relation to the AI procedures that you undertake (ie: the registered individual that provides you with general equine veterinary services, drugs or medications as required and is your first point of contact if there are concerns or adverse events associated with your AI activities and procedures). The provision of the completed Supervising Veterinarian Declaration form is a mandatory requirement.



Supervising Veterinarian Declaration

Issue June 2020 Review Annually Ref number FR03

1	Given name(s)								
	Family name								
	Registration number:	N							
of									
Principal place of work									
						Postcode			
	Hospital licence number:	L		(if these are licensed	premises)				
Hereby undertake to supervise the person named below in the manner determined by the Board¹ for the period and purpose stated below. I understand that the <i>Veterinary Practice Act 2003</i> (s 35(f)) defines failure to provide adequate supervision as unsatisfactory professional conduct.									
	Given name(s)								
	Family name								
	Registration or Accreditation number: Jurisdiction								
of									
Principal place of residence									
	State or Territory					Postcode			
Supervising period			1 September 2024 to 31 August 2025						
Specific purpose of supervision		Provide general supervision to the above person for the purpose of performing AI in Standardbred horses for HRNSW.							
,									
Signature					Date				
Veterinary Practitione Suite 7.09, 247 Cowar Mascot NSW 2020					Telephon Email: Website:	<u>adn</u>) 8338 1177 nin@vpb.nsw.gov.au w.vpb.nsw.gov.au		

 $^{\mbox{\tiny 1}}$ Refer to policy on requirement for supervised practice