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BANKSTOWN NSW 1885
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DRIVER'S LICENCE 65 YEARS OF AGE AND OVER

Please note that this licence renewal application is to be used only by those applicants that have held a licence issued by Harness Racing NSW in the capacity of Driver within the past four calendar years. Dependent upon the period of time that has elapsed since the applicant was last licenced, additional material and/or supporting documentation may be required. If you under the age of 65, please complete the applicable application (medical assessment variations).

ALL QUESTIONS MUST BE ANSWERED

Note that all licence re information being requi				ness Racing NS	SW Licenci	ng Committee which m	nay neces	ssitate further	
Title	itle Surname			Given Name	es				
Preferred Name (for ra	Lace book and form guide	e purposes)			Date	e of Application			
Residential Address			1				Pos	st Code	
Postal Address (if diffe	rent from residential)						Pos	st Code	
Home Phone		Work Phone	Work Phone			Fax Number			
Mobile Number		Date of Birth	te of Birth Place			e of Birth			
email address									
		LEVEL OF DR	RIVER'S LICENCE BI	ING RENEWE	D				
Tick √ as app	ilicable	A Grade Driver		B Grade Drive	r	C Grade	e Driver		
	CR	EDIT CARD PAYME	ENT OPTION (VISA	OR MASTERO	ARD ONL	LY)			
Card Number:									
Expiry Date :		cvv	(3 digit value printed on	back of card)		Amou	ınt \$29	90.00	
Cardholders Name : Cardholders Signature:									
OFFICE USE ONLY									
Customer Code		Invoice Nu	ımber			Licence Number			

HARNESS RACING NSW



PARTICIPANT MEDICAL ASSESSEMENT (65 + TRAINER / DRIVER)

THIS SECTION TO BE COMPLETED BY THE APPLICANT

SURN	AME:	FIRST NAME:				
ADDI	RESS :					
		POST CODE :				
PHON	IE: BUS	SINESS: PRIVATE:				
AGE	:	DATE OF BIRTH :				
<u>STA1</u>	EMENT BY	LICENCE APPLICANT	PLI	EAS	E TIC	K
	Have you s	uffered from?	ΥE	S	NC)
1.	any nervous dis	order, including nerves, neurasthenia or anxiety state?	[]	[]
2.	headaches?		[]	[]
3.	fits or convulsion	ns, turns or blackouts, fainting or giddiness?	[]	[]
4.	head injury or o	oncussion?	[]	[]
5.	tuberculosis or	other lung trouble?	[]	[]
6.	rheumatic feve	r or heart disease?	[]	[]
7.	indigestion, gas	tric or duodenal ulcer?	[]	[]
8.	kidney or bladd	er trouble?	[]	[]
9.	diabetes?		[]	[]
10.	anaemia or oth	er blood disease?	[]	[]
11.	deafness or noi	ses in the ear?	[]	[]
12.	earache or disc	narge from the ear?	[]	[]
13.	chronic sinusiti	?	[]	[]
14.	any surgical ope	erations?	[]	[]
15.	any injuries rela	ted to the sport of harness racing?	[]	[]
16.	any other injuri	es?	[]	[]
17.	any illnesses or	conditions not already mentioned above?	[]	[]
18.	are you taking a	iny injections, tablets or other medical forms of medication or have you been on medication in the past?	[]	[]
19.	any known alle	gies?	[]	[]
	IF YOU HA	VE ANSWERED "YES" TO ANY OF THE ABOVE PLEASE PROVIDE COMPLETE DETAILS	BEI	OV	V :	

DECLARATION:

(an applicant making a false declaration is liable to refusal or cancellation of licence).

I hereby declare that I have carefully considered the statements on the preceding page, and that, to the best of my belief and knowledge, they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. Furthermore, I declare that, should any of the preceding conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges of such licence, and to notify HRNSW immediately, and if required, submit myself for further medical examinations which shall be conducted by a HRNSW appointed medical practitioner.

I hereby give my full authority to any HRNSW appointed medical practitioner to obtain information from relevant clinical records, X-Ray and Pathology reports, and from any Medical Practitioner I have previously attended. Signature of Applicant Witness - Medical Examiner Date **MEDICAL EXAMINATION** The "normal" response to each question below is "NO". In respect of each "YES" response, further details are to be provided in the MEDICAL EXAMINER'S **COMMENTS** section. Height (cms): What is the applicants: Weight (kgs): Body Mass Index : Please tick **√** appropriate column (or insert examination results where indicated) CARDIOVASCULAR SYSTEM YFS NO What is the pulse rate? Insert result → Is the rhythm normal? What is the blood pressure? Insert result → Are the peripheral pulses abnormal? Is there any evidence (historical or detected during this examination) of past or present Ischaemic heart disease? ECG Stress Test (compulsory) Please attach test results to the medical assessment Is there any abnormality of the respiratory system on clinical examination? Is there any abnormality of the abdomen on clinical examination? **URINE EXAMINATION** Does the applicant's urine contain: Protein? Glucose? Other abnormality? LOCOMOTOR SYSTEM Has the applicant undergone amputation of any limb, or part of a limb, or is there any physical deformity of any limb? Does the applicant wear any form of orthopaedic appliance? Is there impaired use or movement of any joint, limb, hand or foot which might impair or compromise control of a horse during a race? CENTRAL NERVOUS SYSTEM Is there abnormality of the cranial nerves, limb tone, power or co-ordination, tendon or plantar response on clinical examination? Is there any sensory impairment? **ENT SYSTEM** Is there any evidence of past or present vestibular disturbance, including intermittent conditions? Is there any abnormality of the ENT system on clinical examination? VISUAL SYSTEM Has the applicant any deformities of the eye? Is there any evidence of horizontal or vertical squint? Is squint produced on covering either eye? Is there abnormality or defect in the visual fields on confrontation? FOR DISTANCE **VISUAL ACUITY** (Snellen Test) RIGHT LEFT Unaided 6 / 6 / Spectacles 6/ 6 / Contacts 6/ 6/ Is colour vision abnormal? Was Ishihara method used?

If not, please specify →

On history: 1. 2. On examination: Is there any recurring medical issue(s) that may affect the applicant's ability to drive in races? Do you recommend to HRNSW that the applicant is fit to drive in races? [] YES [] NO [] **DOUBTFUL** STATEMENT BY MEDICAL EXAMINER I have today personally examined this applicant. Name of Examining Doctor Signature of Doctor **Examination Date** Please provide Medicare Providers Number (stamp imprint) →

MEDICAL EXAMINERS COMMENTS:

QUESTIONNAIRE

If you answer "YES" to any of the questions below, please include <u>full details</u> in the space provided for this purpose. If there is insufficient space to record your response, please attach relevant details to this renewal application. Note that the applicant may be required to attend an interview with Officers of Harness Racing NSW should this be deemed appropriate by the HRNSW Licencing Committee.

1.	Have you ever filed for bankruptcy?	Yes	No
2.	Have you ever been the subject of bankruptcy proceedings against you?		
3.	Have you ever entered into a compromise with creditors?		
4.	Have you ever taken part in an unregistered race meeting?		
5.	Have you ever been involved in any activity associated with SP betting?		
6.	Are you or have you previously been licenced by any racing authority or controlling body (including Harness Racing NSW)? (If so, please provide details of all licences)		
7.	Have you ever been the subject of a disqualification, suspension or any other disability imposed by any racing authority or controlling body (including Harness Racing NSW)?		
8.	Have you ever had a licence application made by you refused, revoked or withdrawn by any racing authority body (including Harness Racing NSW)?		
9.	Are you currently under any disqualification, suspension or other disability imposed by any racing authority or controlling body (including Harness Racing NSW)?		
10.	Have you, at any time, been convicted of any offence in any court (whether under your name or any other name)?		
11.	Have you, at any time, been on, or are you now on, a bond or other form of recognisance?		
12.	Are there any charges in any criminal or civil proceedings pending against you?		
13.	Have you ever forfeited bail?		
14.	Do you understand that, if any of the information set out by you in this renewal application is inaccurate, you may be called upon to show cause as to why a licence granted to you should not be revoked, suspended or otherwise dealt with?		

Mandatory Provision of Tax File Number / Bank Account Information

Note that the provision of your Tax File Number (TFN) and Bank Account details for the payment of prize money are mandatory requirements of the Harness Racing NSW licencing process and that failure to provide this information will result in your licence application being returned to you unprocessed. Failure to provide this information may result in Harness Racing NSW deducting Withholding Tax from payments that may be made to you.	BANK ACCOUNT INFORMATION Account Name Bank / Branch BSB						
Conditions of Licence and Declarations							
the applicant, make the following declarations, understandings, authorisations and acknowledgments in respect of this renewal application: a. I declare that the particulars contained in this renewal application are true and correct;							

- - 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 Harness Racing NSW;
 - I declare that, as a condition of the consideration of my application to have my licence renewed by Harness Racing NSW, I will comply at all times with the Rules of Harness Racing and all applicable laws in force from time to time;
 - I undertake to advise Harness Racing NSW in writing, within seven (7) days, if I become aware of any change to the particulars set out in this renewal application, particularly as such particulars relate to the information recorded in relation to the Medical Assessment associated with my renewal application, or to the responses provided by myself in relation to the Questionnaire provided for on Page 3 of this renewal application document;
 - I understand and agree that Harness Racing NSW will own all intellectual property in the information submitted by me and in connection with this renewal application, and I hereby assign to Harness Racing NSW all such intellectual property in the information and acknowledge that Harness Racing NSW may use the information at its sole discretion and/or in relation to any of the following purposes; publication in Racebooks, racing calendars, industry publications and on industry websites.

Declaration, Undertaking, Authorisations and Acknowledgments

I, the applicant, make the following declarations, understandings, authorisations and acknowledgments in respect of this renewal application:

- I declare that the particulars contained in this renewal application are true and correct to the best of my knowledge and belief;
- I undertake to advise Harness Racing NSW if I become aware of any change in particulars; b.
- I acknowledge that Harness Racing NSW may provide the details contained within this renewal application to other organisations within Australasia C. charged with the control and regulation of racing;
- I authorise Harness Racing NSW to provide details of my name, address and telephone number(s) to Clubs conducting harness racing in Australasia; d.
- I declare that all answers contained herein are true and correct; e.
- I agree to advise Harness Racing NSW of any change that may occur in my medical condition which may affect my ability to participate in harness racing; f.
- I authorise Harness Racing NSW to provide the details of my health contained within this renewal application to such medical practitioners it may deem g. necessary, to determine my fitness for the role in which the application relates;
- I agree to provide Harness Racing NSW with an updated Digital National Police Clearance certificate if requested to do so by the HRNSW Licencing h.
- I agree to make myself available for interview with Officers of Harness Racing NSW should this be deemed appropriate by the HRNSW Licencing Committee;
- I agree to provide HRNSW with information in relation to my COVID-19 vaccination status, including copies of vaccination certificates and related information including, but not limited to, a declaration if I have not received my COVID vaccination(s).

Full Name of Applicant	Signature of Applican	t		Date	
Name of Witness	Signature of Witness			Date	
		Yes	No		
Publish my details in the Licence Holders Direct	tory?				



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BETTING ACCOUNT DECLARATION – ALL HRNSW LICENSEES

This Declaration must be completed in full and submitted with your licence application or licence renewal (as applicable) – note that minors (ie: 17 years of age and under) are required to complete and return this Declaration;

or:

Part C of this Declaration must be completed and submitted in the event that there have been changes in your betting account status since last making a Declaration to Harness Racing NSW.

lo •	Licence Type
•	
	If issued (if this form is accompanying a licence application, please leave Licence No and Licence Type blank)
c <u>one</u> of t	the following options, then complete (and have witnessed) the Declaration on the reverse of this
ART A	
declare t	hat I have <i>no betting accounts</i> with a bookmaker, totalisator or betting exchange:
(i)	I undertake to immediately make a declaration to Harness Racing NSW if in the future I open an account;
(ii)	I further declare that I do not utilise betting accounts held in a name, or names, other than my own.
ART B	
declare t eclaratio	hat I have <i>one or more betting accounts</i> (per the details I have provided on the reverse of this on) and:
(i)	I further declare that the details of those betting accounts listed in the table on the reverse of this form are true and accurate;
(ii)	I undertake to immediately make further declaration if I open or make transactions in relation to any additional accounts;
(iii)	I further declare that I do not utilise betting accounts held in a name, or names, other than my own.
ART C	hat, since submitting my previous declaration, the following change has / changes have occurred
	declare t (i) (ii) ART B declare t eclaratio (i) (ii) (iii) ART C

(iii) I further declare that I do not utilise betting accounts held in a name, or names, other than my own.

I further declare that the details of those betting accounts listed in the table on the reverse of

I undertake to immediately make further declaration if I open or make transactions in relation

to any additional accounts;

this form are true and accurate;

(i)

(ii)

involving the opening or closure of a betting account held in my name:

BETTING ACCOUNT DETAIL (PER PART B / PART C)

BETTING OPERATOR		ACCOUNT NO	★ ACCOUNT NAM	E	* ACCOUNT STATUS		
		ou that are not held in your name listed account has been opened o	e, or are held in more than one nam r closed.	e;			
		DECLA	RATION				
I, the undersigned, here	eby declare	that the information pro	ovided by me herein is acc	curate in	all respects.		
Declarant's Signature				Date			
Independent Witness : Signa	ture			Date			
Independent Witness : Full N	Name						
Witness (primary position or	relationship to	Declarant)					
If the Declarant is under 18 ye	ears of age, this	Declaration must be signed by a	ı Parent or Guardian				
Signature of Parent or Guard	lian			Date			
HRNSW Review Of Declaration							
I have reviewed and n	oted the De	eclaration:					
Reviewer's Signature				Date			
Name of Reviewer							
Position							