

MEDICAL ASSESSMENT – CURRENT 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 visual defect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you presently receiving medical treatment? (attach details of medical problem and medication)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been in receipt of a sickness benefit or workers compensation payment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you any physical disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "YES" (TO Q3-6), describe:	

PAST HISTORY
Are you suffering from, or have you ever suffered from, the following?

		Yes	No			Yes	No			Yes	No
7	Loss of consciousness after head injury?	<input type="checkbox"/>	<input type="checkbox"/>	8	Asthma or hay fever?	<input type="checkbox"/>	<input type="checkbox"/>	9	High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
10	Any other illness or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	11	Angina or heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	12	Epilepsy or fits?	<input type="checkbox"/>	<input type="checkbox"/>
13	Shortness of breath or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	14	Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	15	Anaphylaxis or allergy?	<input type="checkbox"/>	<input type="checkbox"/>
16	Surgical operations?	<input type="checkbox"/>	<input type="checkbox"/>	17	Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	18	Fractures or joint injuries?	<input type="checkbox"/>	<input type="checkbox"/>
19	Family history of heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	20	High cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>				

If you responded "YES" to any of the questions above (Q7 – Q20) please provide (or attach) details:

DECLARATION: I declare that all answers provided are true and correct. 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. 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 in which the application relates.

If the applicant is under 18 years of age, the application **MUST** be signed by a Parent or Guardian.

Signature of applicant	Date
Signature of Parent or Guardian	Date

MEDICAL PRACTITIONER'S REPORT
(Medical Practitioner's Use Only)

General appearance	Resting respiratory rate	Resting radial pulse rate						
Blood pressure (supine after 10 minutes)	Lungs (auscultation)	Oxygen saturation (%)						
Nervous system – limbs: Power Tone L=R?	Nervous system – cranial nerves	Abdomen (scars, hernias, etc)						
Ear, Nose & Throat	Spine (Fixed deformity? FROM? – flex / extend / lateral flex / rotation tenderness?):							
Gait	Joints (Fixed deformity? FROM? – flex / extend / rotation tenderness?):							
ECG (if indicated)	Urine (glucose, blood, protein)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Sight (Uncorrected)</th> <th>Sight (Corrected)</th> </tr> <tr> <td>R6/</td> <td>R6/</td> </tr> <tr> <td>L6/</td> <td>L6/</td> </tr> </table>	Sight (Uncorrected)	Sight (Corrected)	R6/	R6/	L6/	L6/
Sight (Uncorrected)	Sight (Corrected)							
R6/	R6/							
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Hearing</th> </tr> <tr> <td>Right</td> </tr> <tr> <td>Left</td> </tr> </table>			Hearing		Right	Left		
Hearing								
Right								
Left								

Details of any relevant aspects of history

I conclude that, in relation to the Driving, Training or Stablehand duties (please circle applicable licence level) to be undertaken by the applicant if licenced (tick applicable box)

YES, the applicant is **FIT** for these duties NO, the applicant is **UNFIT** for these duties **DOUBTFUL**, unable to make a determination at this time

STATEMENT BY MEDICAL EXAMINER

I have today personally examined this applicant.

Name of Examining Doctor	Signature of Doctor	Examination Date
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QUESTIONNAIRE

If you answer **“YES”** to any of the questions below, please include full details in the spaces provided for this purpose. If there is insufficient space to record your response, please attach relevant details to this 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.

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you ever filed for bankruptcy in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been the subject of bankruptcy proceedings against you in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever entered into a compromise with creditors in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever taken part in an unregistered race meeting in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been involved in any activity associated with SP betting in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you or have you previously been licenced by any racing authority or controlling body in any State, Territory or Country? <i>(if so, please provide details of all licences)</i>
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been the subject of a disqualification, suspension or any other disability imposed by any racing authority or controlling body in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a licence application made by you refused, revoked or withdrawn by any racing authority body, in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you currently under any disqualification, suspension or other disability imposed by any racing authority or controlling body in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you, at any time, been convicted of any offence in any court in any State, territory or Country (whether under your name or any other name)?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you, at any time, been on, or are you now on, a bond or other form of recognisance in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are there any charges in any criminal or civil proceedings pending against you in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever forfeited bail in any State, Territory or Country?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you understand that, if any of the information set out by you in this 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?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you understand, should a licence be approved in the capacity of Paid Stablehand, Driving, that this licence it is not transferrable to a sponsoring NSW Harness Racing trainer other than the currently licenced NSW Harness Racing Trainer named on the Declaration included in this application unless you have sought, and obtained, written approval from HRNSW to do so?
..... | <input type="checkbox"/> | <input type="checkbox"/> |

Conditions of Licence and Declarations

I, the applicant, make the following declarations, understandings, 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 to Harness Racing NSW;
- c. I declare that, as a condition of the consideration of my application to be licenced 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;
- d. 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 application, particularly as such particulars relate to the information recorded in relation to the Medical Assessment associated with my application, the status of my employment as a Stablehand (ie: paid versus unpaid) or to the responses provided by myself in relation to the Questionnaire provided for on Page 3 of this application document;
- e. I understand and agree that Harness Racing NSW will own all intellectual property in the information submitted by me and in connection with this 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.

Paid Stablehand (Driving) Declaration

I, the applicant, make this application pursuant to the Rules of Harness Racing as applicable in 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, decisions and directions of Harness Racing NSW and all persons authorised by Harness Racing NSW to act and give such directions, and I undertake and agree to observe and comply with the Rules of Harness Racing and such acts, decisions and directions:

- a. I **declare** that the particulars contained in this application are true and correct to the best of my knowledge and belief;
- b. I **undertake** to advise Harness Racing NSW if I become aware of any change in particulars;
- c. I **acknowledge** that Harness Racing NSW may provide the details contained within this application to other organisations within Australasia charged with the control and regulation of racing;
- d. I **authorise** Harness Racing NSW to provide details of my name, address and telephone number(s) to Clubs conducting harness racing in Australasia;
- e. I **declare** that all answers contained herein are true and correct;
- f. 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;
- g. I **authorise** Harness Racing NSW to provide the details of my health contained within this application to such medical practitioners it may deem necessary, to determine my fitness for the role in which the application relates;
- h. I **agree** to provide Harness Racing NSW with an updated National Police Clearance certificate if requested to do so by the HRNSW Licencing Committee;
- i. I **agree** to make myself available for interview with Officers of Harness Racing NSW should this be deemed appropriate by the HRNSW Licencing Committee;
- j. I **acknowledge** that, by signing below, I hereby provide permission to Harness Racing NSW to perform any necessary Visa checks through the Department of Immigration and Border Protection if I have indicated within this application that I am not an Australian citizen.

Full Name of Applicant

Signature of Applicant

Date

*If the applicant is under 18 years of age, this Declaration **must** be signed by a Parent or Guardian*

Names of Parent or Guardian

Signature of Parent or Guardian

Date

Name of Sponsoring Trainer

Signature of Sponsoring Trainer

Date

SPONSORING TRAINER DECLARATION – PAID STABLEHAND

This Declaration must be completed in full (by both the Licence Applicant **and** the Sponsoring Trainer nominated herein) by individuals making application to be issued with a Paid Stablehand Licence (Driving or Non-Driving) in the State of New South Wales.

Failure to complete and return this Declaration will result in your application being held until such time as this Declaration (and the other requirements associated with your licence application) have been received by the HRNSW Licencing Committee.

APPLICANT DETAILS

Full Name

Licence Type Being Applied For ★

Stablehand

–

Driving / Non-Driving

★ Circle applicable licence type (Driving or Non-Driving)

STABLEHAND DECLARATION

I, the undersigned, hereby declare that the information provided by me herein is accurate in all respects and that I understand that my Stablehand licence is issued on the basis that it is not transferrable to a sponsoring NSW Harness Racing Trainer other than the currently licenced NSW Harness Racing Trainer named below unless I have sought, and subsequently obtained, written approval from Harness Racing NSW to do so.

Note that Paid Stablehands are permitted to assist other licenced Trainers as may be requested or required at race meetings and/or trials, however, you are required to make appropriate written application if you wish to change your nominated Sponsoring Trainer.

*If the Declarant is under 18 years of age, this Declaration **must** be signed by a Parent or Guardian.*

Declarant's Signature

Date

Signature of Parent or Guardian

Date

SPONSORING TRAINER DECLARATION

Full Name

Licence No

I, the undersigned trainer, hereby declare that I understand that the licensee nominated herein is not permitted to undertake Stablehand duties for other trainers other than myself unless written permission to do so has been sought from, and subsequently granted by, Harness Racing NSW.

Note that Paid Stablehands are permitted to assist other licenced Trainers as may be requested or required at race meetings and/or trials, however, they are required to make appropriate written application if they wish to change their nominated Sponsoring Trainer.

Trainers Signature

Date

BETTING ACCOUNT DECLARATION – ALL HRNSW LICENSEES

This Declaration must be completed in full and submitted with your licence application or licence renewal (as applicable);

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.

Full Name

Licence No

Licence Type

- *If issued (if this form is accompanying a licence application, please leave Licence No and Licence Type blank)*

Please tick one of the following options, then complete (and have witnessed) the Declaration on the reverse of this form:

PART A

I declare that I have **no betting accounts** with a bookmaker, totalisator or betting exchange:

- I undertake to immediately make a declaration to Harness Racing NSW if in the future I open an account;*
- I further declare that I do not utilise betting accounts held in a name, or names, other than my own.*

PART B

I declare that I have **one or more betting accounts** (per the details I have provided on the reverse of this Declaration) and:

- I further declare that the details of those betting accounts listed in the table on the reverse of this form are true and accurate;*
- I undertake to immediately make further declaration if I open or make transactions in relation to any additional accounts;*
- I further declare that I do not utilise betting accounts held in a name, or names, other than my own.*

PART C

I declare that, since submitting my previous declaration, the following **change has / changes have occurred involving the opening or closure of a betting account** held in my name:

- I further declare that the details of those betting accounts listed in the table on the reverse of this form are true and accurate;*
- I undertake to immediately make further declaration if I open or make transactions in relation to any additional accounts;*
- I further declare that I do not utilise betting accounts held in a name, or names, other than my own.*

PAID STABLEHAND (DRIVING) LICENCE APPLICATION

★ REQUIREMENTS CHECKLIST ★

It is recommended that this **Requirements Checklist** be read in conjunction with the HRNSW Licencing Policy (with particular attention to Clauses 2.16.1 and 2.16.2 of the policy) which can be found at www.hrnsw.com.au under the **Participants – Licences** tab.

This **Requirements Checklist** should be used as a general guide only when considering your Harness Racing licencing options.

Applicants requiring assistance in completing the Application, or whom may be uncertain with respect to any of the licencing requirements discussed herein, are encouraged to contact the Harness Racing Registrar and Licencing Officer on (02) 9722 6613 (between 8:30am – 4:30pm, Monday to Friday) or by email at registration@hrnsw.com.au.

Stablehands **must** nominate an individual currently licenced in the capacity of Trainer with Harness Racing NSW as their Sponsoring Trainer. The nominated Trainer will be responsible for the provision of appropriate supervision and instruction to the Applicant should they be successful in their Application.

Individuals whom have been previously licenced and are making an Application subsequent to having not been licenced for a period of time (generally two seasons or greater, although this may vary dependent upon individual circumstances) or are returning from a period of suspension or disqualification, may be required to provide additional submissions in relation to the Application. If this is deemed appropriate or necessary, the Applicant will be contacted by the Harness Racing NSW Licencing Committee.

Note that Applications delivered to Harness Racing NSW that do not conform to the requirements discussed herein will be returned to the Applicant unprocessed, which will delay the overall licence application process.

- 1) the Applicant **must** be at least 14 years of age to be considered eligible to apply for this licence level;
- 2) the **Medical Assessment must** be undertaken when making Application for a licence in the capacity of Paid Stablehand, Driving;
- 3) **ensure** that the **Questionnaire** is correctly completed, and written explanations regarding responses (if appropriate) are recorded in the spaces provided for this purpose;
- 4) **ensure** that the **Conditions of Licence and Declarations** and **Paid Stablehand Declarations** have been read and are understood before signing the Declaration;
- 5) both the **Sponsoring Trainer** and **Betting Account** declarations included in the Application **must** be correctly completed and returned with the Application;
- 6) the Application **must** be completed correctly, in full, and **submitted** together with:
 - a. a copy of a Birth Certificate, or a clear colour copy of a NSW Drivers Licence, NSW Photo Card or Australian Passport;
 - b. if **aged 18 or over**, the Applicant is required to provide a National Police Certificate obtained through the NSW Police Service (a procedure to make an application can be found at www.hrnsw.com.au under the **Participants – Licences** tab). The certificate to be applied for is titled **“name and date of birth check”** and currently costs \$58.60. **Note that Harness Racing NSW will only accept National Police Certificates that have been issued by the NSW Police Service. Certificates issued by third party online service providers are not acceptable;**
 - c. a digital photograph (either emailed through to registration@hrnsw.com.au in JPEG format, or as a standard, passport sized photograph accompanying the posted Application);
 - d. payment of the required Application fee (this fee will not be processed until such time as an Application has been approved by the HRNSW Licencing Committee).

Note that the HRNSW Licencing Committee may require an Applicant to provide further documentation or fulfil additional requirements outside the scope of this checklist if it is deemed appropriate or necessary to do so in order to fully consider the particulars of an Application.

