

PO Box 1034 BANKSTOWN NSW 1885 T 02 9722 6613 F 02 8580 5792

registration@hrnsw.com.au www.hrnsw.com.au

APPLICATION FOR A HRNSW DRIVER'S LICENCE

65 AND OVER

Please note that this licence application must be accompanied by all documentation as specified by the Harness Racing NSW Licencing Policy clause(s) applicable to the licencing level being applied for (the policy is available at www.hrnsw.com.au or by contacting Harness Racing NSW). Applications received that are incomplete, unaccompanied by the specified documentation or the required payment will be returned to the applicant unprocessed. Identification photographs can be taken using a smart phone or similar device and emailed to registration@hrnsw.com.au quoting the full name of the applicant in the subject line (passport style photos are also acceptable). If you under the age of 65, please complete the applicable application (medical assessment variations).

ALL QUESTIONS MUST BE ANSWERED

Note that all applications submitted are subject to review by the Harness Racing NSW Licencing Committee which may necessitate further information being required of an applicant prior to a licence being considered or approved. Please allow between 2 – 6 weeks for the processing of your application (dependent upon lodgement date).

upon lodgement date).								
Title	itle Surname			Given Names	5			
Preferred Name (for r	Preferred Name (for race book and form guide purposes) Date of Application							
Residential Address	Residential Address Post Code							
Postal Address (if diffe	erent from residential)							Post Code
Home Phone		Work Phone				Fax Number		
Mobile Number		Date of Birth		Place	e of Birth			
email address								
		LEVEL OF	LICENCE BEING AP	PLIED FOR				
Tick √ as app	olicable	A Grade Driver		B Grade Driver		c	Grade Dri	ver
	С	REDIT CARD PAYMEN	NT OPTION (VISA C	OR MASTERCA	RD ONL	Y)		
Card Number:								
Expiry Date :		CVV (3	3 digit value printed on b	pack of card)		An	nount	\$290.00
Cardholders Name : Cardholders Signature:								
OFFICE USE ONLY								
Customer Code	Customer Code Invoice Number Licence Number							

HARNESS RACING NSW



PARTICIPANT MEDICAL ASSESSEMENT (DRIVER - 65 AND OVER)

THIS SECTION TO BE COMPLETED BY THE APPLICANT

SURN	AME:		FIRST NAME :				
ADDI	RESS:						
			POST CODE :				
PHON	NE:	BUSINESS:	PRIVATE :				
AGE	:		DATE OF BIRTH :				
<u>STA1</u>		BY LICENCE APPLICANT		PL	EAS	E TIC	K
	Have y	ou suffered from?		YE	S	N	O
1.	any nerv	ous disorder, including nerves, neurasthenia or anxie	ty state?	[]	[]
2.	headache	rs?		[]	[]
3.	fits or co	ovulsions, turns or blackouts, fainting or giddiness?		[]	[]
4.	head inju	ry or concussion?		[]	[]
5.	tuberculo	sis or other lung trouble?		[]	[]
6.	rheumati	c fever or heart disease?		[]	[]
7.	indigestic	n, gastric or duodenal ulcer?		[]	[]
8.	kidney or	bladder trouble?		[]	[]
9.	diabetes			[]	[]
10.	anaemia	or other blood disease?		[]	[]
11.	deafness	or noises in the ear?		[]	[]
12.	earache d	or discharge from the ear?		[]	[]
13.	chronic s	nusitis?		[]	[]
14.	any surgi	cal operations?		[]	[]
15.	any injuri	es related to the sport of harness racing?		[]	[]
16.	any othe	injuries?		[]	[]
17.	any illnes	ses or conditions not already mentioned above?		[]	[]
18.	are you t	aking any injections, tablets or other medical forms	of medication or have you been on medication in the past?	[]	[]
19.	any know	n allergies?		[]	[]
	IF YOU	J HAVE ANSWERED "YES" TO ANY OF	THE ABOVE PLEASE PROVIDE COMPLETE DETA	ILS BEI	LOV	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 / 6/ Contacts 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 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? (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?		
8.	Have you ever had a licence application made by you refused, revoked or withdrawn by any racing authority body?		
9.	Are you currently under any disqualification, suspension or other disability imposed by any racing authority or controlling body?		
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 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 application:							

- - I declare that the particulars contained in this 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 h. information to Harness Racing NSW;
 - 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;
 - 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, or to the responses provided by myself in relation to the Questionnaire provided for on Page 3 of this 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 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 application:

- I declare that the particulars contained in this 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 application to other organisations within Australasia charged c. 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 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 National Police Clearance certificate if requested to do so by the HRNSW Licencing Committee; h.
- I agree to make myself available for interview with Officers of Harness Racing NSW should this be deemed appropriate by the HRNSW Licencing i. Committee.

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?			



PO Box 1034 BANKSTOWN NSW 1885 T 02 9722 6613 F 02 8580 5792

registration@hrnsw.com.au www.hrnsw.com.au

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 Decl	aration must be completed and submitted in the event that there have been changes in your betting
account status sir	nce last making a Declaration to Harness Racing NSW.
Full Name	

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 <u>one</u> 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) 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.

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) 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.



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) 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.

BETTING ACCOUNT DETAIL (PER PART B / PART C)

BETTING OPERATOR		ACCOUNT NO	★ ACCOUNT NAM	IE	* ACCOUNT STATUS			
4								
		ou that are not held in your name isted account has been opened o	e, or are held in more than one nam or closed.	e;				
		DECLAI	RATION					
I, the undersigned, hereby declare that the information provided by me herein is accurate in all respects.								
Declarant's Signature				Date				
Independent Witness : Signa	ture			Date				
Independent Witness : Full N	L							
independent witness : ruii N								
Witness (primary position or	relationship to	Declarant)						
If the Declarant is under 18 ye	ears of age, this	Declaration <mark>must</mark> be signed by a	a Parent or Guardian	·				
Signature of Parent or Guard	lian			Date				
HRNSW Review Of Declaration								
I have reviewed and noted the Declaration:								
Reviewer's Signature				Date				
Name of Reviewer								
Position								