

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.

ALL APPLICANTS MUST SIGN AND DATE BELOW (if the applicant is under 18 years of age, the application **MUST** additionally 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 style="width:50%;">Sight (Uncorrected)</th> <th style="width:50%;">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/							
L6/	L6/							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">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
--------------------------	---------------------	------------------

LICENSEE QUESTIONNAIRE

If you answer **“YES”** to any of the questions below, please include **full details** 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.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever filed for bankruptcy or been the subject of bankruptcy proceedings against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 2. Have you ever entered into a compromise with creditors? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 3. Have you ever taken part in an unregistered race meeting? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 4. Have you ever been involved in any activity associated with SP betting? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 5. If planning to upgrade your licence within the next 6 – 12 months, have you considered registering for the HRNSW Education & Welfare Program and booking a Cognitive Test with the HRNSW Education & Welfare Manager? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 6. Are you or have you previously been licenced by any racing authority or controlling body in any State, Territory or Country (including Harness Racing NSW) ? <i>(If so, please provide details of all licences)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 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 (including Harness Racing NSW) ? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 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 (including Harness Racing NSW) ? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 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 (including Harness Racing NSW) ? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 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"/> |
| <hr/> | | |
| 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"/> |
| <hr/> | | |
| 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"/> |
| <hr/> | | |
| 13. Have you ever forfeited bail in any State, Territory or Country? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 15. Do you understand, should a licence be renewed in the capacity of Stablehand, Non-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 renewal 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 renewal application:

- a. I declare that the particulars contained in this renewal 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 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;
- 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 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;
- 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 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.

Stablehand, Driving - Declaration

I, the applicant, submit this renewal 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 renewal 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 renewal 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 renewal 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 Digital 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 renewal application that I am not an Australian citizen;
- k. 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 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 – STABLEHAND

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

Failure to complete and return this Declaration will result in your renewal application being held until such time as this Declaration (and the other requirements associated with your licence renewal 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 renewed 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 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 additionally 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 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) – **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.

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.*

BETTING ACCOUNT DETAIL (PER PART B / PART C)

BETTING OPERATOR	ACCOUNT NO	★ ACCOUNT NAME	🔒 ACCOUNT STATUS

- ★ Including accounts used by you that are not held in your name, or are held in more than one name;
- 🔒 Please indicate whether the listed account has been opened or closed.

DECLARATION

I, the undersigned, hereby declare that the information provided by me herein is accurate in all respects.

Declarant's Signature	<input type="text"/>	Date	<input type="text"/>
Independent Witness : Signature	<input type="text"/>	Date	<input type="text"/>
Independent Witness : Full Name	<input type="text"/>		
Witness (primary position or relationship to Declarant)	<input type="text"/>		
If the Declarant is under 18 years of age, this Declaration must be signed by a Parent or Guardian			
Signature of Parent or Guardian	<input type="text"/>	Date	<input type="text"/>

HRNSW Review Of Declaration

I have reviewed and noted the Declaration:

Reviewer's Signature	<input type="text"/>	Date	<input type="text"/>
Name of Reviewer	<input type="text"/>		
Position	<input type="text"/>		