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 BANKSTOWN NSW 1885
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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).

Title	Surname	Given Names	
Preferred Name (for race book and form guide purposes)		Date of Application	
Residential Address			Post Code
Postal Address (if different from residential)			Post Code
Home Phone	Work Phone	Fax Number	
Mobile Number	Date of Birth	Place of Birth	
email address			

LEVEL OF LICENCE BEING APPLIED FOR

Tick as applicable
 A Grade Driver
 B Grade Driver
 C Grade Driver

CREDIT CARD PAYMENT OPTION (VISA OR MASTERCARD ONLY)

Card Number:					
Expiry Date :					
Cardholders Name :	CVV (3 digit value printed on back of card)			Amount \$290.00	
Cardholders Name :			Cardholders Signature:		

OFFICE USE ONLY

Customer Code Invoice Number Licence Number

HARNES RACING NSW

PARTICIPANT MEDICAL ASSESSEMENT (DRIVER - 65 AND OVER)

THIS SECTION TO BE COMPLETED BY THE APPLICANT

SURNAME : _____ FIRST NAME : _____

ADDRESS : _____

POST CODE : _____

PHONE : BUSINESS : _____ PRIVATE : _____

AGE : _____ DATE OF BIRTH : _____

STATEMENT BY LICENCE APPLICANT

PLEASE TICK

Have you suffered from?

YES NO

1.	any nervous disorder, including nerves, neurasthenia or anxiety state?	[]	[]
2.	headaches?	[]	[]
3.	fits or convulsions, turns or blackouts, fainting or giddiness?	[]	[]
4.	head injury or concussion?	[]	[]
5.	tuberculosis or other lung trouble?	[]	[]
6.	rheumatic fever or heart disease?	[]	[]
7.	indigestion, 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 or discharge from the ear?	[]	[]
13.	chronic sinusitis?	[]	[]
14.	any surgical operations?	[]	[]
15.	any injuries related to the sport of harness racing?	[]	[]
16.	any other injuries?	[]	[]
17.	any illnesses or conditions not already mentioned above?	[]	[]
18.	are you taking any injections, tablets or other medical forms of medication or have you been on medication in the past?	[]	[]
19.	any known allergies?	[]	[]

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE PLEASE PROVIDE COMPLETE DETAILS BELOW:

MEDICAL EXAMINERS COMMENTS:

1. On history:

2. On examination:

3. Is there any recurring medical issue(s) that may affect the applicant's ability to drive in races?

4. 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) →

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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 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?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
2. Have you ever been the subject of bankruptcy proceedings against you?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
3. Have you ever entered into a compromise with creditors?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
4. Have you ever taken part in an unregistered race meeting?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
5. Have you ever been involved in any activity associated with SP betting?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
6. Are you or have you previously been licenced by any racing authority or controlling body? <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?	<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?	<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?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
10. Have you, at any time, been convicted of any offence in any court (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?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
12. Are there any charges in any criminal or civil proceedings pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
13. Have you ever forfeited bail?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
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"/>

Mandatory Provision of Tax File Number / Bank Account Information

TAX FILE NUMBER

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.

	-		-	
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BANK ACCOUNT INFORMATION

Account Name _____

Bank / Branch _____

BSB

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A/C No

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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, 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.

Declaration, Undertaking, Authorisations and Acknowledgments

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 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.

Full Name of Applicant	Signature of Applicant	Date
Name of Witness	Signature of Witness	Date

Yes No

Publish my details in the Licence Holders Directory?

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.*

