

APPLICATION FOR A TRAINER / DRIVER LICENCE (COMBINED)
OVER 18 / UNDER 65 – STANDARD MEDICAL ASSESSMENT

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 are 65 years of age or over, 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

<input type="checkbox"/> A Grade Trainer	<input type="checkbox"/> B Grade Trainer	<input type="checkbox"/> C Grade Trainer
<input type="checkbox"/> A Grade Driver	<input type="checkbox"/> B Grade Driver	<input type="checkbox"/> C Grade Driver

CREDIT CARD PAYMENT OPTION (VISA OR MASTERCARD ONLY)

Card Number:	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Expiry Date :	_ _ _ _ _ _ _	<i>CVV (3 digit value printed on back of card)</i>	_ _ _ _ _ _ _	Amount \$400.00
Cardholders Name :	Cardholders Signature: _____			

OFFICE USE ONLY

Customer Code _____ Invoice Number _____ Licence Number _____

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.

Signature of applicant	Date
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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)							
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L6/	L6/							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Hearing</th> </tr> <tr> <td style="text-align:center;">Right</td> </tr> <tr> <td style="text-align:center;">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 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"/>
2. Have you ever been the subject of bankruptcy proceedings against you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever entered into a compromise with creditors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever taken part in an unregistered race meeting?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been involved in any activity associated with SP betting?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
12. Are there any charges in any criminal or civil proceedings pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever forfeited bail?	<input type="checkbox"/>	<input type="checkbox"/>
14. Please provide the name and address of the stables that you will be using as your training establishment.	<input type="checkbox"/>	<input type="checkbox"/>
15. Are the stables to be shared with any other trainer? If so, please provide name(s) of other trainer(s).	<input type="checkbox"/>	<input type="checkbox"/>
16. 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.*

