

**THOROUGHBRED RACING S.A. LIMITED**

ABN: 25 094 475 939

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2011/12

GPO Box 2646
ADELAIDE SA 5001**APPLICATION FOR TRAINER'S LICENCE**Ph: (08) 8179 9800
Fax: (08) 8350 0082

<u>SECTION 1 : PERSONAL DETAILS</u>		MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MISS <input type="checkbox"/>	MS <input type="checkbox"/>	OTHER
GIVEN NAMES:		SURNAME:				
POSTAL ADDRESS:						
SUBURB:		STATE:			POST CODE:	
PREFERRED NAME:						
DATE OF BIRTH:			PLACE OF BIRTH:			
RESIDENTIAL ADDRESS:						
SUBURB:		STATE:			POST CODE:	
HOME PHONE:		WORK PHONE:				
FAX NUMBER:		MOBILE:				
EMAIL ADDRESS:						
STABLE ADDRESS:						
VENUE (racetrack where permission to train given):						
TRAINING LOCATION:						
<u>SECTION 2 : PERSONAL AND LICENCE HISTORY</u>						
Occupation.						
Where are your stables located? Please state full address.						
Have you changed stables in the past 12 months?		YES / NO				
If yes, have your new stables been inspected?		YES / NO				
Who owns your stables?						
Do you share stable accommodation with another trainer? If yes, state other trainer(s) name(s).						
Have you ever been found guilty of a criminal offence? If yes, give details.						
Have you ever been refused a Licence by any Racing Authority? If yes, give details.						
Have you ever been disqualified, suspended, warned off or fined by any Racing Authority? If yes, give details.						
Have you ever been found guilty of a criminal offence or been placed on a Bond or recognisance? If yes, give details.						
Are there any charges, criminal prosecution or civil proceedings against you now pending? If yes, give details.						
Have you in the last 10 years forfeited bail? If yes, give details.						

SECTION 3 : FINANCIAL DETAILS

If you are registered for GST and do not have an ABN, Thoroughbred Racing S.A. Limited will be required to deduct withholding tax from stakemoney payments at the top marginal taxation rate (which as at 30 September 2000 is 48.5%) unless you declare that your racing operations are of a hobby nature.

What is your Australian Business Number (ABN)?	ABN _____
If you do not have an ABN, please indicate if you are a "hobbyist" as this term is understood in GST legislation.	Are you registered for GST YES / NO Are you a hobbyist YES / NO

Please provide details of the bank account which you would like TRSA to pay prizemoney in to:	
<ul style="list-style-type: none"> • bank; • name of account (eg J Smith); • BSB (Branch Number); • Account Number. 	

NOTE: TRAINERS ARE REQUIRED TO HAVE A CURRENT PUBLIC LIABILITY COVER FOR A MINIMUM AMOUNT OF \$20,000,000 AS REQUIRED FROM TIME TO TIME BY THE BOARD AND BE REGISTERED AS AN EMPLOYER WITH WORKCOVER.

PUBLIC LIABILITY INSURANCE	ATA YES / NO
Name of Insurance Company: (if covered other than ATA Scheme) Policy Number: Expiry Date: (<u>must</u> cover Racing Season)	

SECTION 4: CONDITIONS OF LICENCE

In the event of such Licence being granted, I agree:

1. To observe and be bound by the Australian Rules of Racing, the Local Rules and policies of Thoroughbred Racing SA Limited (collectively, the **Rules**) and the regulations and policies of any Registered Club in force from time to time during the currency of such licence.
2. To observe and be bound by such directions as may from time to time be made or given by the Committee, Stewards or officials of the Principal Racing Authority or any Registered Clubs.
3. That the Licence may be revoked at any time by the Principal Racing Authority without the giving of any reason in accordance with the Rules.
4. That neither the Principal Racing Authority nor any Registered Club gives any warranty as to the suitability and/or safety of the premises, track and training or other facilities owned or occupied by any Registered Club or other entity connected with thoroughbred horse racing, and that I must at all times satisfy myself as to the fact that such premises, track, training or other facilities are appropriate, fit for purpose and without obvious defect.
5. Not to make any public statement or comment concerning any matter currently the subject of investigation or hearing by, or before the Board of the Principal Racing Authority, the Stewards, a Committee or Appeals Tribunal or other body authorised by each.
6. That I will, on request, permit the Stewards to enter and inspect my property and to exercise their powers under the provisions of the Rules.
7. That I shall not be exempted from personal liability arising under the Rules for or by any reason whatsoever.
8. To, as directed by the Stewards, provide any sample either prior or subsequent to riding in any trackwork for the purposes of detecting in my system any substance prohibited under the Rules of Racing.
9. To adhere to the 'Horse Training Industry Award'.
10. That I will make written application and obtain approval from Thoroughbred Racing SA Limited before stabling any horse in my care at any address other than at my registered stable premises.

PRIVACY AND THE USE, COLLECTION AND DISCLOSURE OF YOUR PERSONAL INFORMATION

The Principal Racing Authority **collects** information about you when you submit this Application and in the course of related enquiries made of third parties. The Principal Racing Authority will use that information to assess your application and, if registration is approved, your ongoing status as a licensed person. To do that the Principal Racing Authority may **disclose** your information to other racing bodies.

You do not have to supply the information requested in this application, but if the information (or any part of it) is not provided, your application may be rejected. You can gain access, and request that corrections be made, to information held about you by the Principal Racing Authority. By completing and submitting this application, you authorise the Principal Racing Authority to collect, use and disclose information about you for the purposes described in this notice, including the usual publication of such information in race books, racing calendars and other publications that can include (but are not limited to) websites.

I agree that Thoroughbred Racing SA Limited will own all intellectual property in the information I submit with and in connection with this application, for the granting and future maintenance of the Licence. I hereby assign to Thoroughbred Racing SA Limited (and warrant that I am authorised to provide and assign) all such intellectual property and information and acknowledge that Thoroughbred Racing SA Limited may use (including by collating, modifying, publishing and distributing) all such intellectual property and information as it sees fit

Note: For Licensed Persons this information relates to the usual publication of material in race books, racing calendars, publications and websites etc. Any information outside this standard will not be released by Thoroughbred Racing SA Limited without the written permission of the licensed person.

When the licensee is GST registered, the following agreement is given:

- The recipient may issue tax invoices in respect of the specified supplies
- The supplier will not issue tax invoices in respect to those supplies
- The supplier acknowledges that it is registered when it enters into the agreement and that it will notify the recipient if it ceases to be registered
- The recipient acknowledges that it is registered when it enters into the agreement and that it will notify the supplier if it ceases to be registered

All new licence applicants shall be subject to Criminal History Record checks. Existing licensees may also be requested to undergo such checks upon direction. The information contained in these records may lead to the licence application being refused or revoked.

I certify that to the best of my knowledge and belief the particulars as outlined in this application are true and correct. I also declare that I understand that it is a serious offence under the Rules of Racing to make a false declaration and failure to accurately answer these questions may lead to this application being refused.

Signature: _____	Date: _____
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Please circle:	Bankcard	Visa	Mastercard	Cash	Cheque	Money Order
Card Number	_____ / _____ / _____ / _____					
Expiry Date	__ / __	Amount: \$	_____			
Cardholder's Name:	_____					
Signature of cardholder:	_____					

If paying by Direct Debit, please include your Invoice Number.
ALL QUESTIONS MUST BE COMPLETED
BOTH SIDES OF THIS LICENCE APPLICATION MUST BE COMPLETED AND FORWARDED TO TRSA
WITH YOUR PAYMENT