

Assistant Trainer

Registration/Renewal

(1 Aug 2019 to 31 Jul 2020)

AT 2019/2020 \$394.50

THOROUGHBRED RACING S.A. LIMITED
GPO Box 2646 ADELAIDE SA 5001
REGISTRATION \$394.50 (including GST)
E-Mail: licensing@theracessa.com.au
Website: www.theracessa.com.au

<p>New application (MUST) PLEASE NOTE APPLICATIONS WILL NOT BE PROCESSED UNLESS ALL CRITERIA ARE COMPLETED</p> <p><input type="checkbox"/> I have attached a PASSPORT PHOTO or emailed a copy to licensing@theracessa.com.au</p> <p><input type="checkbox"/> I have attached a NATIONAL POLICE CERTIFICATE (18+ only)</p> <p><input type="checkbox"/> I have completed the CERTIFICATE IV in Racing (RACEHORSE TRAINER) RGR40108</p>	<p>Renewal</p> <p>My 2018/2019 ID Number Was:</p> <p>Last six numbers:</p> <p>_____</p>
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SECTION 1: PERSONAL DETAILS

MR MRS MISS MS OTHER _____

GIVEN NAMES		SURNAME	
DATE OF BIRTH		PLACE OF BIRTH	
HOME PHONE		MOBILE	
EMAIL			
RESIDENTIAL ADDRESS	STREET: SUBURB: POST CODE:	POSTAL ADDRESS	SUBURB: POST CODE:

SECTION 2: PERSONAL AND LICENSE HISTORY

Have you ever been licensed with any Racing, Harness Racing or Greyhound Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Have you ever been disqualified, suspended or refused a licence by any Racing, Harness Racing or Greyhound Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Are you presently under any disqualifications or any other disability with any Racing, Harness Racing or Greyhound Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Have you ever been found guilty of a criminal offence or been placed on a Bond or recognizance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Are there any charges, criminal prosecution or civil proceedings against you now pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Have you in the last 10 years forfeited bail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:

SECTION 3: NOMINATED CONTACT PERSON

This information is collected to enable Thoroughbred Racing SA Limited to contact a person nominated by you in the event of an emergency or in the event that you are unable to look after your own affairs in the event of an accident.

NOMINATED CONTACT PERSON:	
PERSON'S RELATIONSHIP WITH YOU	
HOME PHONE	
MOBILE	
WORK PHONE	

SECTION 4: CONDITON OF LICENSE

- I agree to provide a National Police Clearance to TRSA Stewards if requested upon application or during the period of registration.
- I certify that, to the best of my knowledge and belief, the particulars as outlined on this form are true and correct. I also declare that I realise it is a serious offence under the Rules of Racing to make a false declaration.
- In the event of such Registration being approved, I agree
 1. That the Licence may be revoked at any time by the TRSA Limited Board without giving any reason in accordance with the Rules of Racing.
 2. To observe and be bound by the Australian Rules of Racing, the Local Rules and policies of Thoroughbred Racing SA Limited, and Race Club By-Laws, Regulations and policies in force from time to time during the currency of such licence and such directions as may be given from time to time by the Board or the Stewards of Thoroughbred Racing S.A. Limited or officials of a Race Club.
 3. That I shall be bound by the Regulations for the time being in force in respect of any training tracks used by me.
 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. I acknowledge that I may be requested to provide a sample that will be witnessed in full by stewards or any other person delegated by the stewards.
- I hereby undertake and declare that the ID card issued will not be used by any person, other than the person to whom it is issued.

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.

INTELLECTUAL PROPERTY

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.

SECTION 5: SIGNATURES

Please note - AR 278

- (1) Subject to subrule (2), if a licensed person is disqualified, that person's licence immediately ceases and becomes void, and the person must make application to a PRA to be relicensed in order to be granted a new licence.
- (2) For the duration of a period of disqualification, a disqualified person is and remains bound by, and subject to, the Rules

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.

TRAINER: I am satisfied the applicant is competent to act on my behalf and in my absence.

Signature of Applicant		Signature of Trainer (Required)	
Name		Name	
Date		Date	

NOTE: All applicants who intend to ride trackwork must provide a full TRSA medical, signed by a Doctor.

NOTE: This document remains the property of Thoroughbred Racing S.A. Limited (TRSA). The contents of the document must not be copied or further disseminated without prior approval of the Chairman of Stewards. The information contained in this document is strictly confidential and may also be the subject of on-going enquiries conducted by TRSA, legal or professional privilege, or public interest immunity.

SECTION 6: PAYMENT

CASH CHEQUE DIRECT DEBIT

IF PAYING BY DIRECT DEBIT, PLEASE INCLUDE YOUR INVOICE NUMBER.

ACC NAME: Thoroughbred Racing SA Limited	BANK: Bank SA	BSB: 105-900	ACCOUNT NUMBER: 130202640
PLEASE TICK IF YOU REQUIRE INVOICE <input type="checkbox"/>			

Credit card payments - Phone (08) 8179 9812 - (08) 8179 9824

ALL QUESTIONS MUST BE COMPLETED - INCOMPLETE FORMS WILL NOT BE PROCESSED

ADMINISTRATIVE USE ONLY:

<u>Date Received</u>	<u>Amount Paid</u>	<u>Pass Posted</u>