

# Trainer's Application

## Registration/Renewal

(1 Aug 2018 to 31 Jul 2019)

RA 2018/2019

THOROUGHBRED RACING S.A. LIMITED

GPO Box 2646 ADELAIDE SA 5001

E-Mail: [licensing@theracessa.com.au](mailto:licensing@theracessa.com.au)

Website: [www.theracessa.com.au](http://www.theracessa.com.au)

<p>CATEGORY OF LICENCE (tick one) TRAINERS <input type="checkbox"/> PERMIT <input type="checkbox"/> OWNER-TRAINER <input type="checkbox"/></p>	<p>Renewal My 2017/2018 ID Number Was:</p>
<p>Please note: upgrades to licenses will not be accepted without prior consultation with TRSA licensing department.</p>	<p>Last six numbers:</p>
<p>It is a requirement that all trainers have completed RGR40108 Certificate IV in Racing (Racehorse Trainer)</p>	<p>_____</p>

### SECTION 1: PERSONAL DETAILS

MR  MRS  MISS  MS  OTHER \_\_\_\_\_

GIVEN NAMES		SURNAME	
DATE OF BIRTH		PLACE OF BIRTH	
HOME PHONE		MOBILE	
WORK PHONE		FAX	
OCCUPATION		EMAIL	
RESIDENTIAL ADDRESS	STREET: SUBURB:		POST CODE:
POSTAL ADDRESS	STREET: SUBURB:		POST CODE:
STABLE ADDRESS	STREET: SUBURB:		POSTCODE:

HAVE YOU CHANGED STABLES IN THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRAINING LOCATION (TRACK)	
DO YOU RIDE TRACK WORK?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you would be required to provide a full medical	DO YOU SHARE STABLES?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who with;

### **SECTION 2: PERSONAL AND LICENSE HISTORY**

Have you ever been disqualified, suspended or refused a license 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: QUESTIONNAIRE**

Who is responsible for the horses in your absence (main)?	
Please list all individuals or practices who provide Veterinary services to your stable:	1. 2. 3.
Who is your stable Farrier/s?	1. 2.
Who is your Pre Trainer/ Breaker?	1. 2.



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

**SECTION 6: SIGNATURE**

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.**

<b>Signature of Applicant</b>	
Name	
Date	

**SECTION: PAYMENT**

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
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Please circle: Bankcard    Visa    Mastercard    Cash    Cheque Card number    ____ / ____ / ____ / ____ Expiry Date    __ / __    Amount: \$ _____ Cardholder's Name: _____ Signature of cardholder: _____	Please tick if Tax Invoice is required <input type="checkbox"/>
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ADMINISTRATIVE USE ONLY:

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