



## NEW ZEALAND THOROUGHBRED RACING INC

PO Box 38386, WMC Telephone: (04) 576 6240 Facsimile: (04) 568 8866

Web: [www.nzracing.co.nz](http://www.nzracing.co.nz) Email: [licensing@nzracing.co.nz](mailto:licensing@nzracing.co.nz)

GST No. 10-386-896

Fees are GST inclusive

### APPLICATION FOR

License Fee Only

## CLASS D RIDER'S LICENCE (JUMPS LICENCE)

**\$195.00**

Please attach a recent passport photograph of yourself. This is required for all new applicants.

As a holder of a Class D rider's licence you are entitled to participate in Races, Barrier Trials, Jump Outs and General Trackwork Sessions.

YOUR PERSONAL DETAILS					
1.	Title (Mr/Mrs/Miss/Ms)				
2.	Surname				
3.	Given Names (in full)				
4.	Preferred Name (to appear in racebooks)				
5.	Date of Birth / Place of Birth				
6.	Nationality				
7.	Residential Address				
	Postcode				
8.	Postal Address				
	Postcode				
9.	Home Phone				
10.	Mobile Phone				
11.	Email Address				
12.	Facsimile Number				
13.	IRD Number				
14.	GST Number				
15.	NZ Drivers' Licence or Passport Number				
16.	Bank Account Name				
17.	Bank Account Number (including Bank and Branch Number, Account Number and Suffix)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				

RIDING DETAILS		
18.	Riding Weight (in kg)	
19.	State of Health	
20.	Training Facility(ies) where you ride work	
21.	(a) Number of Career Flat Rides	(b) Number of Career Flat Wins
	(c) Number of Career Jumping Rides	(d) Number of Career Jumping Wins

EMPLOYMENT DETAILS	
22.	Are you permanently employed in a Training Stable? If "Yes", provide full details.
23.	Do you currently have any other form of occupation? If "Yes", provide full details.

When the fee is paid this form constitutes a GST tax invoice. If a payment forms part of a taxable activity within the GST Act a copy should be retained for your records.

**HORSE OWNERSHIP**

24.	Are you an Owner, Part-Owner, Lessee or Part-Lessee of any horse under the provisions of the New Zealand Rules of Racing? If "Yes", provide details of horses.	
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**LICENSE HISTORY**

25.	Have you previously held any licence in New Zealand or any overseas racing jurisdiction (including Harness and Greyhound control bodies)? "Yes" or "No". If "Yes", provide full details.	
26.	Have you ever had a licence disqualified, revoked, suspended, withdrawn or refused by any Racing Authority? "Yes" or "No". If "Yes", provide full details.	

**CRIMINAL HISTORY**

27.	Have you ever been convicted in a District or other Court of any offence against the statutory laws of New Zealand or any other country? "Yes" or "No". If "Yes", provide full details.	
28.	Have you ever been charged with any offence relating to cruelty to animals? "Yes" or "No". If "Yes", provide full details.	

**FINANCIAL ISSUES**

29.	Have you ever been declared Bankrupt? "Yes" or "No". If "Yes", provide full details.	
30.	Have you made arrangements with an adviser in relation to the preparation of your financial accounts?	
31.	Do you lodge tax returns on an annual basis?	
32.	Have you lodged your tax return for the previous financial year? If "No", provide reasons why.	

**CONTACT PERSON (in case of emergency)**

33.	Name	
34.	Relationship to you	
35.	Best contact number	

**HEALTH AND SAFETY**

By signing this form I undertake to NZTR that:

- I understand that I have obligations under the Health and Safety at Work Act 2015 and that it is my responsibility to meet those obligations;
- I will carry out my obligations under the Health and Safety at Work Act 2015;
- I will cooperate absolutely with any health and safety investigation conducted by the RIU, NZTR or WorkSafe;
- I will immediately report any incident that must be reported under the Health and Safety at Work Act or as directed by NZTR to the appropriate authorities;
- I will comply with any health and safety policies at any racing venue;

I acknowledge that my fitness to hold a licence depends on my compliance with these undertakings and that NZTR may cancel or suspend my licence if I breach them.

## PRIVACY ACT 1993

This information is being collected and will be held by New Zealand Thoroughbred Racing (NZTR) at 106-110 Jackson Street, Petone, Wellington. It is principally being collected for the purpose of processing the matters that are the subject of this form. You agree that the personal information supplied by you may be retained by NZTR and disclosed to, and retained by, third parties for the purpose of processing relevant forms, data matching, direct marketing and providing you with information on events, products and/or services.

NZTR will not use or disclose your personal information in any way, other than in accordance with this policy or with your prior consent. If you do not provide the requested information then NZTR may not be able to process the matters that are the subject of this form. This may result in a breach of the Rules of Racing. You may access your personal information (if it is readily retrievable) at the above address and you may request NZTR to update or correct that information. You may also request to be removed from the NZTR database for the purpose of direct marketing and providing you with information on events, products and/or services by notifying NZTR by email ([office@nzracing.co.nz](mailto:office@nzracing.co.nz)) or by letter to the above address.

If you do **not** wish your information to be retained in our database, or disclosed and retained by third parties for the purpose of providing you with information on events, products and services, then please tick this box.

## CREDIT CHECKING

You also agree that the personal information supplied by you in this form or during your registration with NZTR may be disclosed at any time by NZTR to its credit checking agency for the purposes of that agency performing its credit reporting services, which will include carrying out credit checks and you authorise the credit checking agency to disclose information to NZTR which is relevant to the provision of credit to you (and for directly related purposes including debt collection). You agree that this may result in NZTR being provided with other personal information held by that agency about you, and your personal information that NZTR discloses to the credit checking agency (including notice of any default on payment on your behalf) may be used and disclosed to other third parties by the credit checking agency when performing its credit reporting services.

Payment of all accounts held in your name with NZTR, which relate to fines is due by the 20<sup>th</sup> day of the month following the month in which the costs are incurred. Any accounts remaining unpaid after the due date will incur a late payment fee of \$25.00 per month while the debt remains unpaid as well as interest of 12.5% per annum on the amount unpaid from the date payment is due until the date payment (including any applicable late payment fees and interest) is received in full. You will also be liable to pay all costs incurred in recovering the amount owed to NZTR, including any legal fees, debt recovery fees or agency fees. Furthermore, NZTR reserves the right to withdraw your line of credit, refuse nominations for horses and place you on the NZTR Arrears List until the outstanding amount is received in full. The full NZTR Debt Collection Policy Process is available from the NZTR website [www.nzracing.co.nz](http://www.nzracing.co.nz).

### Rider Licensing

All riders that are granted a Class A, B, D or E Rider's Licence for the first time by NZTR will automatically be granted a Class B Trackwork Rider's Miscellaneous Licence as a condition of that licence under rule 314(3).

## DECLARATION BY APPLICANT

I do hereby declare that:

1. By signing and submitting this form to New Zealand Thoroughbred Racing Inc (NZTR) I have read the form and all of the information that I have provided to NZTR in this application form is true and correct in every particular.
2. I understand that NZTR will rely upon the information I have provided in this application form for the purpose of determining whether I am an appropriate person to receive a Class D rider's licence.
3. I understand that NZTR may take disciplinary action against me in the event that the information I have provided in this application form is false or misleading in any particular, and that disciplinary action may include revocation of any licence issued to me.
4. I acknowledge that the provision of any false, misleading or inaccurate information on this form may result in me being prosecuted under the NZTR Rules of Racing or otherwise. I confirm with the requirements listed therein and that I:
  - (a) have attained the age of 18 years;
  - (b) am competent to ride in Jumping Races, jumping trials (including jump-outs and tests for certification purposes ) and trackwork;
  - (c) have ridden in a Jumping Race in the 18 months prior to the date of this application; and
  - (d) am of good character.
5. I have obtained a copy, and informed myself, of the NZTR Rules of Racing and it is my obligation as a holder of a Class D rider's licence to update myself in relation to NZTR's policies and any rule changes and to abide by those policies and Rules of Racing.
6. In accordance with Rule 656 of the NZTR Rules of Racing, I consent to providing a sample of my blood, breath, urine, saliva or sweat (or more than one thereof), as and when required by a Stipendiary Steward or Investigator, for the purposes of drug and alcohol testing.
7. I am not currently subject to any disciplinary action initiated by any other Racing Authority in New Zealand or overseas and I will immediately inform NZTR should any other Racing Authority in New Zealand or overseas initiate disciplinary action against me.
8. I understand that if I do not pay any amount owed to NZTR within the required time, NZTR may set-off this debt against any prizemoney due and owing to me through the TROSA system administered by NZTR.
9. I authorise NZTR to make deposits via Electronic Funds Transfer into the bank account nominated by me in this application form. I understand that if my bank account details change, I am required to notify NZTR in writing of the new bank account details and that until I notify NZTR in writing of the change, NZTR may still make deposits into the account nominated in this form.
10. For GST purposes relating to the supply of services by me (the Supplier), to NZTR (the Recipient):

(a) I (the Supplier) acknowledge that if I am registered for GST purposes, I will notify NZTR in writing if I cease to be registered for GST purposes in the future, and if I am not currently registered for GST purposes, I will notify NZTR in writing if I become registered for GST purposes in the future;

(b) I (the Supplier) will not issue tax invoices in relation to any prizemoney (supplies) that NZTR may have to pay me;

(c) NZTR (the Recipient) can issue tax invoices in respect of prizemoney (supplies) that it has to pay me;

(d) I (the Supplier) will not issue tax invoices in respect of the supplies;

(e) I understand that NZTR is registered for GST purposes and that it will notify me in writing if it ceases to be GST registered or it is otherwise unable to prepare Buyer Created Tax Invoices (BCTI) on my behalf;

(f) I understand that NZTR can only issue a BCTI on my behalf if it complies with the requirements established under legislation.

11. I authorise NZTR to disclose information provided by me in this application form to:

(a) All Racing Authorities in New Zealand and overseas;

(b) The persons specified in this application form;

(c) Government Departments and regulatory authorities;

(d) Persons currently unknown, for the purpose of complying with statutory obligations requiring NZTR to disclose information.

12. I consent to NZTR contacting all Authorised Wagering Operators in New Zealand and overseas for the purpose of determining whether I am betting in contravention to the Rules of Racing. I also consent to those third parties disclosing information to NZTR about any betting I engage in.

13. I consent to NZTR contacting other Racing Authorities in New Zealand and overseas and I consent to those bodies disclosing any information that may be requested at any time by NZTR.

14. I hereby consent to the New Zealand Police disclosing to NZTR any information that they may have pursuant to this application. I understand that any record of criminal convictions I might have will be automatically concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

15. I have attached a recent passport sized photograph of myself (if not previously supplied within the last 12 months).

16. I undertake to provide to NZTR a medical certificate from a registered Medical Practitioner to support my application for annual renewal of my Class D rider's licence.

\_\_\_\_\_

Full Name of Applicant

\_\_\_\_\_

Full Name of Witness

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date

\_\_\_\_\_

Date

**PAYMENT DETAILS**

I would like to pay by Bank Deposit:  Date Deposited: \_\_\_\_\_

New Zealand Thoroughbred Racing Inc - Bank Account Number 01-0517-0063944-00. (Please use your name & form type as reference)

**Please charge my:** Mastercard  Visa  Amex  Diners Club

Card No:                 Expiry Date:   /

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**My Cheque is enclosed for \$** \_\_\_\_\_ **(Payable to New Zealand Thoroughbred Racing)**

**NZ JOCKEYS ASSOCIATION MEMBERSHIP APPLICATION**

The fees applicable to NZJA membership are as follows:

For all Flat and Jumping Riders \$1.00 inc. GST per ride  
Apprentice Riders \$0.50 inc. GST per ride

Only financial members of NZJA will qualify to receive the Rider Engagement Fee and the Minimum Ride Allowance.

NAME OF RIDER: \_\_\_\_\_ DOB: \_\_\_\_\_

I wish to be a member of the NZJA: Yes No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# RIDER MEDICAL EXAMINATION RECORD & PERSONAL INFORMATION FORM



This form is to be completed when you are applying for a new Rider's Licence:

- Personal Information (1) & Health Questionnaire (2) sections by the Rider; &
- Medical Examination Certificate (3) by a General Practitioner.

For: Class C Rider  (Probationer)      Class B Rider  (Apprentice)      Class A Rider  (Jockey)      Class D Rider  (Jumps & Highweights)      Class E Rider  (Amateur)

This information is collected to ensure that you ride, and eventually retire from riding, in the best possible condition.

## 1. PERSONAL INFORMATION

APPLICANT DETAILS (Please complete in block letters)				
Surname				
First Names		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Preferred Name		Date Of Birth:		
Residential Address				
Email Address				
Home Phone		Mobile Phone:		
Usual GP				
GP's Address				
Next Of Kin	Name:	Phone:		
Contact Person	Name:	Phone:		

## 2. MY HEALTH (Please provide details of your medical history)

2A DO YOU HAVE ANY CHRONIC PROBLEMS WITH THE FOLLOWING?		NO	YES	IF YES, ENTER DETAILS INCLUDING DATES
1	Lung problems (e.g. asthma, other)			
2	Heart problems			
3	Mental health			
4	Abdominal / bowel / liver problem			
5	Kidney or bladder			
6	(Women): Gynaecology problem			
7	Epilepsy / other neurological problem (do not include head injury/concussion)			
8	Blood disorder e.g., anaemia / other			
9	Problems with spine, limb or joint?			
10	Any other injury or disability			
11	Taking any medications			Please Specify
12	What is your usual riding weight?		(Kg)	

If you need more space to explain answers above, please do it here with dates:

2B Past History of Head Injury / Concussion	
How many episodes of head injury and/or concussion have you had that have required absence from riding:	
List approximate number of episodes:	List approximate years:
Have you had any episodes of head injury and/or concussion in the past two years(circle): YES / NO      If yes, give details:	

2c OTHER SERIOUS INJURIES, OPERATIONS AND ILLNESSES (that have required more than a week off riding, or time in hospital)	
Year	List serious injuries and illnesses, and operations

2d ALLERGIES	
Cause of allergy (eg. Name of food / medicine / chemical / pet)	Nature of Reaction (circle the reaction you had, or specify after other)
	Anaphylaxis (collapse) / Local Swelling / Other reaction .....
	Anaphylaxis (collapse) / Local Swelling / Other reaction .....
	Anaphylaxis (collapse) / Local Swelling / Other reaction .....

2e TETANUS	
Year of last Tetanus vaccination	
Note – If you are unsure, please check with your doctor, or get an updated Tetanus vaccination and record this.	

**3. MEDICAL EXAMINATION (to be completed by a registered General Practitioner)**

MEDICAL EXAMINATION							
Height	cm	Urine (Dipstick)		Visual acuity	Right	Left	Both
Weight	kg	Protein:		Uncorrected	6 /	6 /	6 /
BMI		Blood:		Corrected	6 /	6 /	6 /
B.P	/	Glucose:		Colour vision	Normal / Abnormal		
Peak flow	l/min			If lenses	Hard / Soft		

ARE THE FOLLOWING NORMAL?		YES	NO	NOTES IF ABNORMAL
1	Respiratory			
2	Cardiovascular			
3	Mental health			
4	Gastro-intestinal			
5	Kidney or bladder			
6	(Women) gynaecological problem			
7	Vision			
8	Hearing			
9	Neurological			
10	Lymphadenopathy/ anaemia			
11	Spine			
	Upper limbs			
	Lower limbs			
12	Any other injury or disability? Please specify....			

RECOMMENDATION (tick)	YES	NO
If a significant head injury or other injury requiring time off or hospital admission, in past 12 months, I attach further reports		

I certify the above as fit for riding			
If no, please specify reason and any further action recommended, e.g. recommend a specialist report			
Signature		Surname	
Date		<u>NZMC No.</u>	

This information is being collected pursuant to the Rules of Racing, and is to be held by New Zealand Thoroughbred Racing. The information is being collected for, and is required for, the purpose of assessing the person's fitness to ride horses. The intended recipients of the information are the NZTR's Medical Advisor, and other NZTR officials who are involved in the safety of riders in New Zealand horse racing. Under the Privacy Act 1993, you have to right to see and correct information we collect about you.

**PROCESS**

Once all sections of this form have been completed by the Rider and a General Practitioner respectively, it should be returned to NZTR.

NZTR Medical Advisor  
New Zealand Thoroughbred Racing  
Box 38-386  
Wellington Mail Centre 5045

Email: [licensing@nzracing.co.nz](mailto:licensing@nzracing.co.nz)  
Fax: 04 568 8866

Licensing contact for enquiries: 04 576 6279

