

NEW ZEALAND THOROUGHBRED RACING INC

PO Box 38386, WMC | Telephone: (04) 576 6240 | Facsimile: (04) 568 8866 Web: www.nzracing.co.nz | Email: licensing@nzracing.co.nz

APPLICATION FOR CLASS C RIDER'S LICENCE (PROBATIONER'S LICENCE)

WITH A VIEW TO APPRENTICESHIP

A recent passport photograph of yourself is required for all new applicants.

Fee \$170

Fees are GST inclusive GST No. 10-386-896

YOUR PI	ERSONAL DETAILS				
1.	Title (Mr/Mrs/Miss/Ms)				
2.	Surname				
3.	Given Names (in full)				
4.	Date of Birth / Place of Birth				
5.	Nationality				
6.	For statistical purposes, are you identified as:	European	Maori	Pacific Islander	Other (Please mark with an X)
7.	Residential Address		1000		P = 12
					Postcode
8.	Postal Address	1.1		2.17	1 1 1 1 1
		12.85			Postcode
9.	Home Phone		1.10	1	
10.	Mobile Phone			E.	
11.	Email Address				(
13.	Facsimile Number				
14.	Weight (in kg)	1/2			

EDUCAT	ION DETAILS					
15.	Name of School attended					
16.	NZQA Hook On Number					
17. Standard of Education Passed		None Year			11 (or at least 12 NZQA credits at Level 1)	
		Year 12 (or at least 12 NZQA credits at Level 2) Year 13 (or at least 12 NZQA credits at Level 2)		ast 12 NZQA credits at Level 3)		
		Tertiary qualification at sub degree leve	el	Tertiary qual	lifica	ation at degree level
18.	Standard of Written English	Excellent	Good			Fair
19.	Standard of Oral English	Excellent	Good			Fair

CRIMINAL HISTORY

20.	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.	
21.	Have you ever been charged with any offence relating to cruelty to animals? "Yes" or "No". If "Yes", provide full details.	

LICENCE	HISTORY	
22.	Have you previously held any licence in New Zealand including Harness and Greyhound control bodies? "Yes" or "No". If "Yes", provide full details.	
23.	Have you previously held any licence in any overseas racing jurisdiction including Harness and Greyhound control bodies? "YES" or "NO" If "YES", please provide details.	

24.	Have you ever had a licence disqualified, revoked, suspended, withdrawn or refused by any Racing Authority? "Yes" or "No". If "Yes", provide full details.	

LEGAL G	LEGAL GUARDIAN (If under 18 years of age)					
25.	Full Name					
26.	Relationship to Applicant					
27.	Residential Address					
			Postcode			
28.	Home Phone / Mobile Phone					

HEALTH AND SAFETY

The Health and Safety at Work Act 2015 (the HSW Act), which has replaced the Health and Safety in Employment Act 1992 came into force on 4 April 2016.

The HSW Act creates the concept of a "person conducting a business undertaking" (PCBU). This includes all businesses or undertakings regardless of whether a person conducts a business alone or with others, or whether or not it is for profit of gain.

Most Jockeys will be a PCBU under the HSW Act and must ensure they comply with the new regulations. Further details are available on the NZTR website: https://www.nzracing.co.nz/NZTR/Resources/Health-and-Safety.aspx.

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.zn) 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 20th 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 <u>www.nzracing.co.nz</u>.

DECLARATION BY APPLICANT

I do hereby declare that:

	the form and all of the information that I have provided to NZTR in this application form is true and				
	he purpose of determining whether I am an appropriate person to be probationed with a view to becoming				
an apprentice jockey. 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 properties of any lineage include to me					
may include revocation of any licence issued to me. 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 15 years;					
 (a) and character is good in Systems, (b) am competent to ride in trials (including jump-outs and tests for certification purposes) and trackwork; and (c) am of good character. 					
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. In accordance with Rule 656 of the NZTR Rules of Racing, I consent to providing a sample of my blood, breath, urine, sweat or saliva (or more than one thereof), as and when required by a Stipendiar					
Steward or Investigator, for the purpose of alcohol and drug testing. I understand that the probation period of three months is a period for both the Employer and the Employee to satisfy each other of their compatibility. During this period it is important that the Employee					
(the applicant to be probationed) adapts to the lifestyle of the Employer, the methods of training, t	he domestic environment offered and the standard of accommodation provided. During this probationary tioner without giving any reason and without the termination being to the detriment of either party.				
	, at the conclusion of which, if any Apprenticeship Agreement is entered into, the previous period of				
9. I understand that during this probation period and throughout the apprenticeship, I am required to	comply with all training requirements as required by NZTR.				
 10. I have attached: - a recent passport sized photograph of myself; 					
 a copy of my Birth Certificate, or current work visa and passport; a copy of my School Leaving Certificate; 	Full Name of Legal Guardian				
- my completed Medical Examination Record Form.					
	Signature of Legal Guardian				
	Date				
Full Name of Applicant	Full Name of Witness				
Circulus of Applicant	Circulus of Wilson				
Signature of Applicant	Signature of Witness				
Date	Date				
DECLARATION BY APPROVED EMPLOYER					
1. 1	(full name)				
as an Approved Employer, do hereby apply for permission to engage a person as a probationer fo	or a minimum period of three months with a view to an apprenticeship for a period of not less than four				
years.					
2. The gross wage I intend to pay is \$ per hour.					
3. I am aware of my obligations to pay at least the minimum weekly wage set by MBIE.					
4. I am also aware of my obligations to assess and sign off each apprentice at least every two and a	a half months using their individual training manual containing the unit standards.				
Signature of Approved Employer					
Signature of Approved Employer					
Signature of Approved Employer Date					
Date					
Date PAYMENT DETAILS					
Date					
Date PAYMENT DETAILS					
Date PAYMENT DETAILS I would like to pay by Bank Deposit: Date Deposited:	Please use your name & form type as reference)				
Date PAYMENT DETAILS I would like to pay by Bank Deposit: Date Deposited:	Please use your name & form type as reference)				
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 charge my: Mastercard Visa Amex	Please use your name & form type as reference)				
Date PAYMENT DETAILS I would like to pay by Bank Deposit: Date Deposited:	Please use your name & form type as reference)				
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 charge my: Mastercard Visa Amex	Please use your name & form type as reference)				
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. (F Please charge my: Mastercard Visa Amex Card No: Cardholder's Name:	Please use your name & form type as reference) Diners Club Expiry Date: Signature:				
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. (F Please charge my: Mastercard Visa Amex Card No: Cardholder's Name:	Please use your name & form type as reference) Diners Club Expiry 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. (F Please charge my: Mastercard Visa Amex Card No: Output Cardholder's Name: (Payable	Please use your name & form type as reference) Diners Club Expiry Date: Signature:				

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 🛛	Class B Rider 🗆	Class A Rider 🗆	Class D Rider 🗆	Class E Rider 🗆
(Probationer)	(Apprentice)	(Jockey)	(Jumps & Highweights)	(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 (Ple	ease complete in block letters)				
Surname					
First Names		Gender	Male 🗆	Female 🗆	
Preferred Name		Date Of Birth:			
Residential Address			1000		
Email Address			S. 5	1. A.	
Home Phone	Mobile Phone:				
Usual GP					
GP's Address					
Next Of Kin	Name:	Phone:			
Contact Person	Name:	Phone:	1		

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

2A DO Y	OU HAVE ANY CHRONIC PROBLEMS WITH THE FOLLOWING?	NO	YES	IF YES, EN	ITER 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)			3		
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 Spe	cify	
12	What is your usual riding weight?	(Kg)				
lf you ne	If you need more space to explain answers above, please do it here with dates:					
2в Past	History of Head Injury / Concussion					
How ma	How many episodes of head injury and/or concussion have you had that have required absence from riding:					
List appr	oximate number of episodes:	List approximate years:				
Have yo	u had any episodes of head injury and/or concussion in the past two y	vears(cir	cle): YE	S / NO	If yes, give details:	

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 EXAM	NINATION					
Height	cm	Urine (Dipstick)	Visual acuity	Right	Left	Both
Weight	kg	Protein:	Uncorrected	6 /	6 /	6 /
BMI		Blood:	Corrected	6 /	6/	6 /
B.P	1	Glucose:	Colour vision	Normal / Abnormal		
Peak flow	l/min		If lenses		Hard / Soft	

ARE TH	IE FOLLOWING NORMAL?	YES	NO	NOTES IF ABNORMAL
1	Respiratory	9		
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 s	pecify		

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		NZMC No.		

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: <u>licensing@nzracing.co.nz</u> Fax: 04 568 8866

Licensing contact for enquiries: 04 576 6279