

# STABLE FOREMAN APPLICATION

FOR PERIOD ENDING 30th April, 2012



STABLES ONLY

STABLES AND RIDING TRACKWORK

TO: **THE BOARD OF TRNT**  
**GPO BOX 589, DARWIN NT 0801**  
**Ph: (08) 8944 7500**  
**Fax: (08) 8944 7533**

**APPLICATIONS MUST BE LODGED AT THE OFFICES OF THE TRNT AND WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING;**

- **COMPLETED APPLICATION FORM**
- **LICENCE FEE:** .....\$120 Inc GST
- **INSURANCE STABLES:**.....\$165 Inc GST
- **INSURANCE TRACKWORK:** .....\$275 Inc GST
- **PHOTO:** ONE Current Passport size facial photographs  
 (applicant may present themselves at the office of the TRNT to be photographed)
- **CLEARANCE FROM PREVIOUS AUTHORITY** (if applicable)
- **PROOF OF IDENTITY:** New applications must be accompanied by birth certificate, current drivers license or passport

**INDUSTRY ACCREDITATION:** All applicants for a Northern Territory Foreman License are advised that Industry Accreditation is compulsory in the Northern Territory. Stable Foreman are required to have as a minimum Certificate III Racing (Owner/Trainer)

## FEES AND INSURANCE

LICENCE FEE..... 120.00  
 INSURANCE FEE .....  
*Stables Only \$165 or Trackwork \$275*  
 Total .....\$

## SECTION 1: Personal Details

SURNAME: ..... GIVEN NAMES: .....

DATE OF BIRTH: ..... PLACE OF BIRTH:.....

RESIDENTIAL ADDRESS:.....

CITY: ..... STATE: .....POST CODE:.....

HOME PHONE: .....MOBILE:.....

HAVE YOU BEEN PREVIOUSLY OR ARE YOU CURRENTLY LICENSED BY THIS OR ANY RACING BODY?

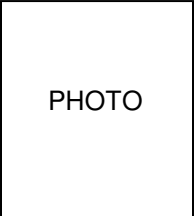
CURRENTLY / PREVIOUSLY .....SEASON.....

WHAT INDUSTRY TRAINING HAVE YOU COMPLETED.....

.....

**OFFICE USE ONLY:**

DATE: \_\_\_\_\_  
 REC. NO: \_\_\_\_\_  
 AMOUNT: \_\_\_\_\_  
 INIT.: \_\_\_\_\_



IRIS:   
 LICENSE HISTORY:   
 BADGE NO: .....   
 APPLICANT ID:   
 CLEARANCE:

HAVE YOU EVER BEEN FOUND GUILTY OF AN OFFENCE AGAINST THE RULES OF RACING? If

so give details.....

HAVE YOU EVER BEEN REFUSED A LICENSE OR PERMIT BY ANY RACING BODY? If so

give details .....

HAVE YOU BEEN FOUND GUILTY OF ANY CRIMINAL OFFENCE? If so give details .....

NEXT OF KIN EMERGENCY CONTACT (please provide the following details to be used by the Club or their officials in the case of an emergency):

NAME	RELATIONSHIP TO YOU	CONTACT PHONE NUMBER
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I hereby declare that all the particulars provided in this application are true and correct

## SECTION 2: Conditions of Licence

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

1. To observe and be bound by the Rules of Racing in force from time to time during the currency of such licence, or any renewal thereof, and also such Rules, Regulations, Conditions and Directions as may from time to time be made or given by the Committee, Stewards or Officials of the Club.
2. Not to ride on any Northern Territory registered racecourse or training track whilst under the influence of alcohol, any drug or other substance which might affect my ability or behavior.
3. Not to make any public statement or comment concerning any matter currently the subject of investigation or inquiry before the Stewards, Board, Committee or Appeals Body.

Thoroughbred Racing NT collects personal information about you when you apply for a licence pursuant to the Northern Territory Racing and Betting Act and the Rules of Racing. Thoroughbred Racing NT, as part of its licensing and disciplinary processes may disclose such information to third parties as part of the process of considering whether to grant or maintain your licence. You do not have to supply any information sought but failure to do so may result in your application for a licence being refused or withdrawn. By completing and submitting this form, you authorise Thoroughbred Racing NT to collect, use and disclose personal information about you for the purpose of the Racing and Betting Act and the Rules of Racing.

SIGNED: ..... DATE:.....

**I acknowledge that if the applicant departs the Northern Territory this registration will automatically be null and void and on return the applicant must reapply for registration**

## SECTION 3: Declaration by Employer

### UNSUPERVISED STABLE FOREMAN

I seek approval to register the person named on this form as an unsupervised Stable Foreman.

I authorise that person to act on my behalf in matters pertaining to racing and I am fully aware and accept that in accordance with the rules, I am responsible for the administration and conduct of my stables and the care, control and supervision of the horses in my stable

Attached is a written submission setting out the reason/s why I will be absent from my training stables for extended periods on a regular basis, requiring me to have a registered stable foreman.

TRAINERS NAME:.....

SIGNED: ..... DATE:.....