

# VISITING TRAINER'S PERMIT **NO FEE**



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

## VISITING PERIOD:

I wish to apply for a permit to train the horses listed on this application under Australian Rules of Racing 109(i) as a visiting Trainer in the Northern Territory for the period:-

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ = \_\_\_\_ Months  
<Day> <Month> <Year> <Day> <Month> <Year>

**Trainers are required to contribute to workers compensation insurance during the period of their visit at a rate of \$200 (inc GST) per month (or part thereof) of their stay.**

**TAX INVOICE available upon request and payment of fees.**

## CLASS OF LICENCE REQUESTED: (categories in accordance with TRNT licensing guidelines)

Trainers Permit  Permit to Train  Owner Trainer  Dual Licensed Trainer

Application to ride trackwork:  YES (if yes please complete information below)  NO

Track work Helmet Make \_\_\_\_\_ Standard \_\_\_\_\_ Date of manufacture \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last medical \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT INFORMATION:** Any track rider under the employment of a visiting trainer OR trainer who rides track work **MUST** have completed a National Medical Certificate within the previous 12 months. If no such medical is available a National Medical Certificate from an NT Approved Medical Officer must be provided prior to a track rider's permit being granted

## SECTION 1: Personal Details (PLEASE PRINT)

SURNAME: ..... GIVEN NAME/S: .....

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL: .....

RESIDENTIAL / POSTAL ADDRESS: .....

SUBURB/CITY: ..... STATE: ..... POST CODE: .....

MOBILE: ..... PHONE (OTHER): .....

VISITING ADDRESS: .....

CURRENTLY LICENSED BY ..... STATE ..... SEASON .....

HORSES LISTED ON THIS FORM ARE STABLED AT: .....

HORSE NAMES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach separate sheet if needed & also a reminder that a stable return must be lodged for each horse as per AR103 on the location of horses

**EMPLOYEES (EG. STABLEHANDS/APPRENTICES/ETC):**

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**Please ensure each employee has lodged a visiting application with TRNT**

**SECTION 2: Personal and Licence History**

Have you ever been refused a licence or registration or had a licence revoked or cancelled by any Racing Control Body?	YES/ NO (please circle) If Yes show details on separate sheet and attach
Have you ever been suspended, disqualified, warned off, fined or listed as a defaulter by any Racing Control Body?	YES/ NO (please circle) If Yes show details on separate sheet and attach
Have you ever been convicted of any criminal offence punishable by fine or imprisonment?	YES/ NO (please circle)
Have you ever been or are you now subject to a bond or recognizance?	YES/ NO (please circle)
Are there any current civil or criminal proceedings (or charges) pending against you?	YES/ NO (please circle) If Yes for any of the above show details on a separate sheet and attach (remains confidential)
Have you ever been declared as bankrupt or are there bankruptcy proceedings against you?	YES/ NO (please circle) If Yes show details on separate sheet and attach
<b>Ongoing requirement to inform Thoroughbred Racing NT regarding any civil or criminal proceedings (or charges) pending against you whilst visiting in the NT:</b> After submitting this application, you are required to inform the Thoroughbred Racing NT Integrity Department, within 7 days, of any criminal charges being laid or civil proceedings issued against you.	

**SECTION 3: Conditions of Licence**

I ACKNOWLEDGE THAT ANY PERMIT GRANTED TO ME IS SUBJECT TO THE FOLLOWING CONDITIONS:

1. The terms and conditions of licence and licence acknowledgments as published by each Principal Racing Authority
2. The Rules of each Principal Racing Authority in which he/she trains as amended or varied by each Principal Racing Authority from time to time.
3. A disqualified person is and remains bound by, and subject to, the Rules of Racing for the period of his or her disqualification.
4. That it may be revoked at any time by the Board of Thoroughbred NT, in accordance with the Rules of Racing.
5. Not to make any public statement or comment concerning any matter currently the subject of investigation or hearing by a Principal Racing Authority, or the Stewards, Committee or Appeals panel.
6. That I shall be bound by the Regulations in force at any time in respect of any training tracks used by me.
7. That I will, on request, permit the Stewards to enter and inspect my property and to exercise their powers under the provisions of AR 22(1)(l) AR22(2).
8. That no guarantee is given to the safety or suitability of tracks provided by any Club for racing or training purposes.
9. That I undertake to maintain financial membership of Thoroughbred Racing NT Workers Compensation Insurance Scheme when called upon to do so, and that I further undertake not to cancel the said policy without giving the Board 28 days' notice in writing. I realise that my licence or permit may be withdrawn if I default this clause

Thoroughbred Racing NT collects personal information about you when you apply for a license 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 the 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.

**PUBLIC LIABILITY INSURANCE**       Yes       No

**ANY TRAINER WHO CANNOT PRODUCE AN INSURANCE POLICY TO COVER HIS/HER ACTIVITIES WHILST TRAINING IN THE NORTHERN TERRITORY IS REQUIRED TO TAKE OUT COVER WITH THAT CLUB'S INSURER AS A VISITING TRAINER. ALL TRAINERS MUST COMPLY WITH THIS CONDITION PRIOR TO WORKING ANY HORSES ON ANY TRACK UNDER THE CONTROL OF THOROUGHBRED RACING NT.**

**Authority to Deduct**

Upon acceptance of this application I hereby agree to have any monies owed by me to the ASTC, DTC or TRNT deducted from my Stakes Payment Percentages.

**I hereby declare that all the particulars provided in this application are true and correct**

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