

# VISITING JOCKEY / APPRENTICE JOCKEY APPLICATION

**NO FEE**



Office use
Licence No _____

Expiry Date of Licence (in home state)      \_\_\_\_/\_\_\_\_/\_\_\_\_

**Important**      A Visiting Jockey Licence is only granted at no charge on the condition that the applicant (jockey) holds a current and active Jockey licence in your home based state. Furthermore a visiting licence will be on the same conditions as per your state of licensing. Should the jockeys licence expire, be evoked or become inactive for any reason the Visiting Jockeys Licence in the NT will be cancelled immediately.

JOCKEY LICENCE     

PERMIT TO RIDE AS AN APPRENTICE     

\_\_\_\_\_  
Host Trainer / Master

Last medical      Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Cogstat test      Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Purchase date \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt supplied     

Race day Helmet Make \_\_\_\_\_ Standard \_\_\_\_\_ Date of manufacture \_\_\_\_/\_\_\_\_/\_\_\_\_

Purchase date \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt supplied     

## SECTION 1: Personal Details (PLEASE PRINT)

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

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

PREFERRED NAME: ..... RIDING WEIGHT: ..... KGS

RESIDENTIAL / POSTAL ADDRESS:.....

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

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

EMAIL ADDRESS: .....

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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**NB: ANY CHANGES TO THESE DETAILS MUST BE NOTIFIED TO TRNT IMMEDIATELY.**

## SECTION 2: Personal and Licence History

Occupation other than riding, please supply name & address of employer:	
Place & season where last licensed:	
Have you been incapacitated in the last twelve months? If so supply details.	YES/ NO (please circle) If Yes show details on separate sheet and attach
Have you suffered any injury which may affect you as a jockey in the future?	YES/ NO (please circle) If Yes show details on separate sheet and attach
Have you completed any industry training? If yes what accreditation have you gained.	YES/ NO (please circle)
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:</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

### 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. To attend tracks regularly for the purpose of riding track work and to make myself available at all times to ride in races under the Rules of Racing unless prevented from doing so upon reasonable and proper grounds.
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.

### **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 Payments.

### TAX WITHHOLDING

Do you have tax withheld by the TRNT at each payment period?	YES / NO (please circle)
Do you wish to have tax withheld by the TRNT (Paperwork required)?	YES / NO (please circle)
<b>As a member of the AJA I understand that TRNT will collect the joint Association fee of \$7.00 per ride and forward to the NTJA.</b>	

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

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



Bank Details

BSB

Grid for BSB number (3-3-3)

Account Number

Grid for Account Number (16)

Account Name

Grid for Account Name (30)

GST information

GST Registered

Y [ ] N [ ]

ABN Number

Grid for ABN Number (11)

Trading As

Grid for Trading As (30)

Voluntary PAYG

[ ]

Tax File Number

Grid for Tax File Number (10)

Percentage

Grid for Percentage (3) %

Superannuation Fund

Super Fund

Grid for Super Fund (20)

Super Fund USI / SPIN

Grid for Super Fund USI / SPIN (10)

Member ID

Grid for Member ID (10)

Super Fund ABN

Grid for Super Fund ABN (11)

Declaration

I certify that the information supplied on this form is true and correct:

Signature:

Date:

Signature box

Date line