

JOCKEY / TRAINER APPLICATION

FOR PERIOD ENDING 30th April, 2024



Office use

Licence No _____

JOCKEY / TRAINER LICENCE \$380

JOCKEY / PERMIT TO TRAIN \$345

(National Medical Certificate Required Completed by Approved Medical Officer)
Please note applications not accepted unless medical clearance received

Date Completed ____/____/____

Cogstat Test (must be completed by 30th May)

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

If track work helmet is same as race day helmet please indicate as above

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:

STABLE LOCATION 1.....

STABLE LOCATION 2.....

(Stables off course must be inspected and approved by the Stewards)

A reminder stable returns must be lodged immediately when horses are moved to another location or if the horse is spelling what the exact location is and if the horse is retired but is remaining in the stable a return must be lodged as "Active – non stable training" until the horse has been rehomed.

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

FEES AND INSURANCE:

License Fee Jockey/Trainers License \$380 Jockey/Permit to Train \$345

Public Liability Insurance \$ 6 0 5

Workers Compensation Insurance (\$1420) \$ 720 1st Installment

\$700 2nd Installment due 1st November

Total payable \$ _____

Paying by direct deposit

TRNT BSB 035 302 Account 152157

Paying by credit card Please call the TRNT office on 8944 7500

SECTION 2: Personal and Licence History

Location of stables, feed/tackroom facilities. If not on racecourse provide address and by whom they are owned? <i>(Stables off course must be inspected and approved by the Stewards)</i>	
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
Ongoing requirement to inform Thoroughbred Racing NT regarding any civil or criminal proceedings (or charges) pending against you: 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.	

STABLE EMPLOYEES

Trainers are advised that all stablehand, foreman and trackrider registrations issued will only be in effect whilst within the Northern Territory. Therefore any stablehand, foreman or trackrider who wishes to work outside the Northern Territory within the racing Industry should take out a license in the state they wish to work.

SECTION 3: Conditions of Licence

I acknowledge that in the event of any licence or permit being granted to me I agree:

- The terms and conditions of licence and licence acknowledgments as published by each Principal Racing Authority
- 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.
- A disqualified person is and remains bound by, and subject to, the Rules of Racing for the period of his or her disqualification.
- That it may be revoked at any time by the Board of Thoroughbred NT, in accordance with the Rules of Racing.
- 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 body.
- That I shall be bound by the Regulations in force at any time in respect of any training tracks used by me.
- 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).
- That no guarantee is given to the safety or suitability of tracks provided by any Club for racing or training purposes.
- 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 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

I hereby agree to have any monies owed by me to the ASTC, DTC or TRNT deducted from my Stakes Payments.

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

APPLICANT SIGNED: DATE:

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