

TRAINER NEW APPLICATION

FOR PERIOD ENDING 30th April, 2024

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



**THOROUGHBRED
RACING NT**

- TRAINER LICENCE \$240
- PERMIT TO TRAIN \$200
- OWNER / TRAINER PERMIT \$165

Office use

Licence No _____

Please attach the following with your application

- ❖ Current drivers license or birth cert
- ❖ Current Police Clearance or Visa
- ❖ Passport size photo
- ❖ Copy of Certificate IV or Certificate III
- ❖ Medical Clearance if you are intending to ride

APPLICATION TO RIDE TRACKWORK

(National Medical Certificate Required Completed by Approved Medical Officer)

Track work Helmet Make _____ Standard _____ Date of manufacture ____/____/____

Purchase date ____/____/____ Receipt supplied

INDUSTRY ACCREDITATION: All applicants for a Northern Territory Trainers License are advised that Industry Accreditation is compulsory in the Northern Territory. Trainers are required to have a minimum Certificate IV (Racehorse Trainer) Owner / Trainers are required to have a minimum Certificate III (Stablehand) Applicants can also apply if demonstrated by holding a similar licence in another jurisdiction. In accordance with TRNT licensing guidelines.

SECTION 1: Personal Details (PLEASE PRINT)

SURNAME: GIVEN NAME/S:

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

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.

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
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, of 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 to 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 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.

ARE YOU REGISTERED FOR THE PURPOSE OF GST YES NO

If Yes what is your Australian Business Number?

Are you entitled to an Input Tax Credit on your insurance premium? YES NO

If Yes what percentage will you claim? %

BANK ACCOUNT DETAILS Account Name

BSB..... Account number.....

APPLICANT SIGNED: DATE:

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

SECTION 4: FEES AND INSURANCE:

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.

License Fee

Trainers License \$240 _____

Permit to Train \$200 _____

Owner Trainer \$165 _____

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

PERSONAL INSURANCE

It is recommended that trainers take out their own personal accident insurance as the TRNT workers compensation does not cover licensed trainers under the Racing & Betting Act. Also please note that the TRNT workers compensation does not cover employees engaging in activities outside of licensed premises (refer Trackside)

NEW APPLICANTS :
TO BE COMPLETED BY APPLICANTS WHO DO NOT HOLD A CURRENT NT TRAINERS LICENSE

Have you been previously licensed by this or any other Racing Body in thoroughbred, harness or greyhound racing? If so, name body and season and details of License/Registration	
Have you completed any Industry Training? If Yes what accreditation have you gained.	
If you have not completed any Industry Training have you commenced such training? If yes give details.	
Value of assets owned by you (ie vehicles, furniture, machinery etc). Provide details on separate sheet if required.	
Value of real estate property (ie. land, dwellings owned by you). Provide details on separate sheet if required.	
Credit balance in bank. State name and location of bank. (Applicants may be required to submit bank statements)	
Detail your experience with racehorses	
Name and address of 2 referees.	1. 2.
Provide names and owners of horses you intend to train. Attach separate sheet if necessary.	

SECTION 4: Trainer's questionnaire
(PUBLIC LIABILITY & PROFESSIONAL INDEMNITY)



FULL NAME:

ADDRESS:

OCCUPATION (other than training):

NO OF YEARS HORSE RACING EXPERIENCE:

LIMIT OF INDEMNITY: Public Liability \$1,000,000 Professional Liability \$500,000

PERIOD OF INSURANCE: 4.00pm 1st May to 4.00pm 30th April,

HAS ANY INSURER EVER: (A) Declined a Proposal YES / NO

(B) Declined to Renew YES / NO

(C) Declined a Policy YES / NO

(if the answer to any of these questions is "yes", please attach further information)

INDICATE BELOW DETAILS OF ALL LOSSES PAID DURING THE LAST 5 YEARS (ie: date of loss, description and amount paid):

SUPPLY DETAILS OF PUBLIC LIABILITY AND PROFESSIONAL INDEMNITY INSURANCES HELD DURING THE PAST 3 YEARS

HAVE ANY CLAIM(S) EVER BEEN MADE OR NEGLIGENCE ALLEGED AGAINST YOU? YES NO

ARE YOU AWARE OF ANY CIRCUMSTANCES, WHICH MAY GIVE RISE TO CLAIMS AGAINST YOU? YES NO

If the answer to either question is YES please attach further particulars

GROSS INCOME IN LAST 12 MONTHS FROM TRAINING? \$

ESTIMATED GROSS INCOME FOR NEXT 12 MONTHS FROM TRAINING? \$

DECLARATION AND SIGNATURE

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts.

I agree that this Proposal, together with any other information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform TRNT of any material alteration to these facts whether occurring before or after completion of such contract of insurance.

I acknowledge that I have read and understood the Notice to Insured on the first page of this proposal.

Proposer's Signature:.....Date:.....

STATEMENT OF ASSETS AND LIABILITIES

CONFIDENTIAL DECLARATION

To be completed by new applicants only.

A S S E T S

Property/s in own name situated at:	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total Cash in Hand:	\$
Total Cash in Bank:	\$
<i>Attach copy of bank statement/s.</i>	
Savings Account:	\$
<i>Attach copy of bank statement/s.</i>	
Other Assets Details	
1.	\$
2.	\$
3.	\$
4.	\$
(A) TOTAL ASSETS	\$

L I A B I L I T I E S

Total owing on property/s:	\$
Total Bank Overdraft:	\$
Total Personal Loans:	\$
Total Credit Card Debt:	\$
Rent Payments: (Monthly Payments = \$ _____) 12 Months:	\$
Hire Purchase Commitments Details:	
1.	\$
2.	\$
Other Liabilities Details: <i>(eg. Veterinarians, feed merchants etc.)</i>	
1.	\$
2.	\$
3.	\$
(B) TOTAL LIABILITIES	\$
(C) EXCESS OF ASSETS OVER LIABILITIES (A minus B)	\$

A P P L I C A N T ' S D E C L A R A T I O N

I _____ of _____

Do solemnly make this declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths, Affidavits, and Statutory Declarations Act 2005. Made and subscribed by the above named and declared

This day of _____ Signature of Applicant _____

At _____ Signature of Witness _____

Name and Qualification _____

*Witness must be the list of professions from the NT Oaths, Affidavits and Statutory Declarations Act 2010.