

VISITING JOCKEY / TRAINER APPLICATION

NO FEE



Expiry Date of Licence (in home state) ____/____/____

Office use
Covid state confirmed yes / no
Licence No _____

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.

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

Jockey / Trainers Permit Jockey / Permit to Train

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.

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

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

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):

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 |
| 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.

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.
4. The terms and conditions of licence and licence acknowledgments as published by each Principal Racing Authority
5. 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.
6. A disqualified person is and remains bound by, and subject to, the Rules of Racing for the period of his or her disqualification.
7. That it may be revoked at any time by the Board of Thoroughbred NT, in accordance with the Rules of Racing.
8. 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.
9. That I shall be bound by the Regulations in force at any time in respect of any training tracks used by me.
10. 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).
11. That no guarantee is given to the safety or suitability of tracks provided by any Club for racing or training purposes.
12. 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

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) |
| 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. | |

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.

APPLICANT SIGNED: DATE:

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

