

TRAINER APPLICATION

FOR PERIOD ENDING 30th April, 2027

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



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

Office use
 Licence No _____

APPLICATION TO RIDE TRACKWORK

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

Date Completed ___/___/___

Track work 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:

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:

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 body.
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 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.

FEES AND INSURANCE:

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 Darwin 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)

APPLICANT SIGNED: DATE:

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