

VISITING JOCKEY APPLICATION

FOR PERIOD ENDING 30th April, 2019

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



APPLICATIONS MUST BE LODGED AT THE OFFICES OF THE TRNT AND WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING;

- COMPLETED APPLICATION FORM
- LICENCE FEE: **No Charge**
- PHOTO: ONE Current Passport size facial photograph
- MEDICAL CERTIFICATE (not required by riders visiting from jurisdictions where annual medical reports are required)

INDUSTRY ACCREDITATION: All applicants for a Northern Territory Jockey License are advised that Industry Accreditation is compulsory in the Northern Territory. Jockeys are required to have as a minimum Certificate IV Racing (Jockey)

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.

Race day Helmet Make _____ Standard _____ Date of manufacture ____/____/____

| | | |
|--------------------|--|-------|
| OFFICE USE ONLY: | | PHOTO |
| DATE: _____ | BADGE/ID: <input type="checkbox"/> NO.: _____ | |
| AMOUNT: \$ _____ | HISTORY/CHECKS: <input type="checkbox"/> _____ | |
| INVOICE NO.: _____ | ENTERED + TRACKSIDE: _____ | |

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 effect 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? Have you ever been or are you now subject to a bond or recognizance? Are there any current civil or criminal proceedings (or charges) pending against you? | YES/ NO (please circle) YES/ NO (please circle) 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.

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.

SUPERANNUATION/CAREER BENEFIT SCHEME & TAX WITHHOLDING

| | |
|---|--------------------------|
| Are you a member of the Superannuation/Career Benefit Scheme in the NT? | YES / NO (please circle) |
| Do you wish to join the Superannuation/Career Benefit Scheme (Paperwork required)? | YES / NO (please circle) |
| 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. | |

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:

Signature box

Date:

Date line