

NEW ZEALAND THOROUGHBRED RACING INC PO Box 38386, WMC | Telephone: (04) 576 6240 | Facsimile: (04) 568 8866

Box 38386, WMC | Telephone: (04) 5/6 6240 | Facsimile: (04) 568 886 Web: <u>https://loveracing.nz</u> | Email: <u>licensing@nztr.co.nz</u>

APPLICATION FOR LICENCE OF FAST TRACKWORK RIDER

FEE \$30.00 GST Incl GST No. 10-386-896

Note: There is no fee if you are upgrading from a Slow Trackwork Rider Licence within the same Racing Season

(Only persons who have previously held a rider licence are eligible for a Fast Trackwork Rider Licence)

1. YOUR PERSONAL DETAILS	
Title (Mr/Mrs/Miss/Ms)	
Surname	
Given Names (in full)	
Date of Birth / Place of Birth	
Nationality	
Residential Address	
Postal Address	
Home Phone / Mobile Phone	
Email Address / Facsimile Number	
IRD Number	
NZ Drivers' Licence (or Passport Number)	

2 LICENCE HISTORY Have you previously held any licence in New Zealand or any overseas racing jurisdiction (including Harness and Greyhound control bodies)? "Yes" or "No". If "Yes", provide full details.	
Have you ever had a licence disqualified, revoked, suspended, withdrawn or refused by any Racing Authority? "Yes" or "No". If "Yes", provide full details.	

3. EMPLOYMENT DETAILS				
Employer Name / Name of Trainer Assisting				
Capacity of Employment or Assistance in the stable	Full Time employed	Self employed	Part Time employed	Voluntary/Helper

4. CRIMINAL HISTORY	
Have you ever been convicted in a District or other Court of any offence against the statutory laws of New Zealand or any other country? "Yes" or No". If "Yes", provide full details.	
Have you ever been charged with any offence relating to cruelty to animals? "Yes" or "No". If "Yes", provide full details.	

When the fee is paid this form constitutes a GST tax invoice. If a payment forms part of a taxable activity within the GST Act a copy should be retained for your records.

Name	
Relationship to you	
Best contact number	

6. HEALTH AND SAFETY

The Health and Safety at Work Act 2015 (the HSW Act), which has replaced the Health and Safety in Employment Act 1992 came into force on 4 April 2016.

The HSW Act creates the concept of a "person conducting a business undertaking" (PCBU). This includes all businesses or undertakings regardless of whether a person conducts a business alone or with others, or whether or not it is for profit of gain.

Most Professional Riders will be a PCBU under the HSW Act and must ensure they comply with the new regulations. Further details are available on the NZTR website: <u>https://loveracing.nz/NZTR/Resources/Health-and-Safety.aspx</u>.

By signing this form, I undertake to NZTR that:

- I understand that I have obligations under the Health and Safety at Work Act 2015 and that it is my responsibility to meet those obligations; and
- I will carry out my obligations under the Health and Safety at Work Act 2015; and
- I will cooperate absolutely with any health and safety investigation conducted by the RIU, NZTR or WorkSafe; and
- I will immediately report any incident that must be reported under the Health and Safety at Work Act or as directed by NZTR to the appropriate authorities; and
- I will comply with any health and safety policies at any racing venue.

I acknowledge that my fitness to hold a licence depends on my compliance with these undertakings and that NZTR may cancel or suspend my licence if I breach them.

7. PRIVACY ACT 1993

This information is being collected and will be held by New Zealand Thoroughbred Racing (NZTR) at 106-110 Jackson Street, Petone, Wellington. It is principally being collected for the purpose of processing the matters that are the subject of this form. You agree that the personal information supplied by you may be retained by NZTR and disclosed to, and retained by, third parties for the purpose of processing relevant forms, data matching, direct marketing and providing you with information on events, products and/or services.

NZTR will not use or disclose your personal information in any way, other than in accordance with this policy or with your prior consent. If you do not provide the requested information, then NZTR may not be able to process the matters that are the subject of this form. This may result in a breach of the Rules of Racing. You may access your personal information (if it is readily retrievable) at the above address and you may request NZTR to update or correct that information. You may also request to be removed from the NZTR database for the purpose of direct marketing and providing you with information on events, products and/or services by notifying NZTR by email (office@nzracing.co.zn) or by letter to the above address.

If you do **not** wish your information to be retained in our database or disclosed and retained by third parties for the purpose of providing you with information on events, products and services, then please tick this box.

8. CREDIT CHECKING

You also agree that the personal information supplied by you in this form or during your registration with NZTR may be disclosed at any time by NZTR to its credit checking agency for the purposes of that agency performing its credit reporting services, which will include carrying out credit checks and you authorise the credit checking agency to disclose information to NZTR which is relevant to the provision of credit to you (and for directly related purposes including debt collection). You agree that this may result in NZTR being provided with other personal information held by that agency about you, and your personal information that NZTR discloses to the credit checking agency (including notice of any default on payment on your behalf) may be used and disclosed to other third parties by the credit checking agency when performing its credit reporting services.

Payment of all accounts held in your name with NZTR, which relate to fines is due by the 20th day of the month following the month in which the costs are incurred. Any accounts remaining unpaid after the due date will incur a late payment fee of \$25.00 per month while the debt remains unpaid as well as interest of 12.5% per annum on the amount unpaid from the date payment is due until the date payment (including any applicable late payment fees and interest) is received in full. You will also be liable to pay all costs incurred in recovering the amount owed to NZTR, including any legal fees, debt recovery fees or agency fees. Furthermore, NZTR reserves the right to withdraw your line of credit, refuse nominations for horses and place you on the NZTR Arrears List until the outstanding amount is received in full. The full NZTR Debt Collection Policy Process is available from the NZTR website <u>www.nzracing.co.nz</u>.

Instr	uctions:	
If you are upgrading from a Slow Trackwork Rider Lic	ence you must complete	sections 9 and 10.
	or	
If you have previously held a Trackwork Rider Licence	e or any Rider Licence yo	u must complete section 11
9. ATTESTATION BY EMPLOYER/TRAINER/NZTR RIDING MENTOR		
I confirm that I have seen	(The Applicant) ridir ly ride racehorses at full pace on a ti	g Thoroughbred racehorses in training and am raining track.
The applicant has held a Slow Trackwork Rider Licence for	months/years.	
I have seen the applicant ride Thoroughbred racehorses in the training track or	occasions.	
I am satisfied that the applicant knows and understands the health and safety i	equirements for riding horses on a tr	aining track. Yes 🔄 No 📃
I am satisfied that the applicant has the necessary strength and level of fitness Yes No	to safely ride Thoroughbred Raceho	rses at full pace on a training track.
Please provide any other information supporting this application for a Fast Trac	kwork Rider licence.	
	1000	
15		
Name	Signature	Data
ivane	Signature	Date
10. ATTESTATION BY SENIOR JOCKEY OR FAST TRACKWORK RIDER		
I confirm that I have seen	(The Applicant) riding ride racehorses at full pace on a tra	Thoroughbred racehorses in training and am ining track.
The applicant has held a Slow Trackwork Rider Licence for n	nonths/years.	
I have seen the applicant ride Thoroughbred racehorses in the training track on	occasions.	
I am satisfied that the applicant knows and understands the health and safety re	quirements for riding horses on a trai	ning track. Yes No
I am satisfied that the applicant has the necessary strength and level of fitness to Yes No	o safely ride Thoroughbred Racehors	es at full pace on a training track.
Please provide any other information supporting this application for a Fast Track	work Rider licence.	
		-
Name	Signature	Date

11. PREVIOUS LICENCE INFORMATION	
Type of licence providualy held	
Type of licence previously held.	

When last did you have a Trackwork Rider or Rider licence?	
How many years did you have the licence for?	

12. DECLARATION BY APPLICANT

By signing and submitting this form to NZTR I certify I have read the form and that all of the information that I have provided to New Zealand Thoroughbred Racing in this application is true and correct. I acknowledge that the provision of any false, misleading or inaccurate information on this form may result in me being prosecuted under the NZTR Rules of Racing or otherwise. I confirm with the requirements listed therein and that I:

- 1. have attained the age of 15 years; and
- 2. am of good character; and
- 3. am competent to ride in trackwork.

I authorise NZTR to use the information collected from me for any purpose which, in accordance with its privacy policy, it may in its discretion think appropriate. I hereby consent to the New Zealand Police disclosing to New Zealand Thoroughbred Racing any information that they may have pursuant to this application. I understand that any record of criminal convictions I might have will be automatically concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

In accordance with Rule 656 of the NZTR Rules of Racing (if applicable), I consent to providing a sample of my blood, breath, urine, saliva or sweat (or more than one thereof), as and when required by a Stipendiary Steward or Investigator, for the purposes of drug and alcohol testing.

I acknowledge the training requirements prescribed in Appendix A and agree to undertake my obligations in relation to the training. I agree to NZTR providing my contact details to the Agriculture Industry Training Organisation for the purposes of this training.

Signature of Applicant

Date

13. PAYMENT DETAILS	
I would like to pay by Bank Deposit: Date Deposited:	
New Zealand Thoroughbred Racing Inc - Bank Account Number 01-0517-0063944-00. (Please us	se your name & form type as reference)
Please charge my: Mastercard Visa Amex Card No:	Diners Club Expiry Date: /
Cardholder's Name:	_ Signature: