

R90-A

IMPORTANT INFORMATION

The Queensland Racing Integrity Commission (QRIC) is collecting the information on this form to assess whether you are eligible for a licence. This is authorised by the *Racing Act 2002* and the *Racing Integrity Act 2016*. The QRIC may give some or all of this information to the Queensland Police Service.

	HOW TO COMPLETE THIS FO	RM	
To enable your application to be co	nsidered promptly, you must:		
answer ALL questions in this ap	plication form truthfully;		
attach evidence of your identity	e.g. copy of passport, driver's licen	ce or birth certificate;	
attach a National Police Certifica	ite if over 18 years, which you may o	obtain from your local police station or	
at an accredited Crimtrac agency	y <u>www.crimtrac.gov.au;</u>		
attach one recent passport sized	l photograph of yourself;		
attach medical form completed b	by Medical Practitioner;		
guardian/parental consent requi	red for any person under the age of	18 years (only applicable for a driver's	
licence – applicant for a trainer's	s licence must be at least 18 years);		
attach any additional information			
attach proof of your right to work	k if you are not an Australian citizen	n e.g. certificate of residence/visa;	
sign the declaration on the last p		,	
provide payment details.	, , , , , , , , , , , , , , , , , , , ,		
	_		
Indicate which licen	ce types you are applying fo	or by ticking the box(es):	
☐ Trainer A Grade (open) ☐ Driver A Grade (metropolitan) ☐ Driver C Grade (trial)			
Trainer B Grade (owner/trainer) Driver B Grade (country)			
Submission of this application does interview or for any other reason at the		s may be deferred for further investigation	
interview of for any other reason at the	QNIC'S discretion.		
Should you have any queries in relation	n to the completion of this form, please	e contact Licensing on 1300 087 021.	
Failure to submit any of the supporting	information will result in your application	on not being considered.	
Fee Pa	yable:		
Trainer / Driver	\$45.00	Insert receipt number or payment reference here:	
Trainer	\$25.00	insert receipt number of payment reference fiere.	
Driver	\$25.00		
Payment can be made by: 1) Credit card by			

V1.00 | Reference number 2839

Refer to the Commission's privacy policy on our website.

Queensland Racing Integrity Commission ABN: 64 838 583 571 PO Box 15666 CITY EAST QLD 4002

3 then follow the prompts to BSB:

Quote reference no: 2839

an operator.

Phone: 1300 087 021
Email: <u>licensing@qric.qld.gov.au</u>
Website: <u>www.qric.qld.gov.au</u>

064 013

1004 2676

Account number:

Quote reference no: **2839** in the payment reference field

Office Hours: 8:30am to 4:00pm, Mon-Fri Closed public holidays

(Receipt No)

(Date of payment)



APPLICATION FOR TRAINER AND/OR DRIVER LICENCE 2016/17 (HARNESS)

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Section 1 – YOUR PERSONAL DETAILS

This information is collected for the purposes of enabling the of	QRIC or the Controlling Body to identify and contact you.	
Surname:	Given Names:	
Title: Mr Mrs Miss Ms Other	Preferred name: (for racebook/formguide purposes)	
Date of birth:	Place of birth: (town, state and country if applicable)	
Residential Address:	Postal Address:	
P/code	P/code	
Home Phone:	Fax:	
Mobile:	Email:	
Section 2 – CONSENT FOR MINORS (UNDER 18 YEARS OF AGE) I,		
•		
Of(Address)		
· ·	,	
being the legal guardian/parent of the applicant(name) hereby consent to him/her being registered with the QRIC. I understand that the applicant will be subject to the Rules of Harness Racing.		
Signature:	Date: DOB:	
Section 3 – EMERGENCY CONTACT PERSON This information is collected to enable QRIC or the Controlling Body to contact a person nominated by you in the event of an accident or emergency. The QRIC or the Controlling Body may disclose this information to third parties. Nominated Contact Person:		
Best Contact Number:		

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1300 087 021 Phone: licensing@qric.qld.gov.au Email: Website: www.qric.qld.gov.au



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Section 4 – CONTACT WITH RACING CONTROL BODIES

As part of the licensing process, the QRIC will liaise with interstate and overseas Racing Control Bodies in all codes of racing to determine whether you have ever been involved in racing in any capacity and your disciplinary history with any bodies that have issued you with a licence. The QRIC will disclose to other Racing Control Bodies the fact that you have made application to the QRIC for a licence and your date of birth and contact details for the purpose of identifying you.

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ails:
S NO D
es, please list type of licence(s) held, which control
y you held it with and dates
ails:
S O NO O
ails:
) 3

Section 5 - CRIMINAL HISTORY

As part of the licensing process, the QRIC requires every applicant to obtain a National Police Certificate (NPC) from their local police station or at an accredited Crimtrac agency www.crimtrac.gov.au and attach the original certificate to this application. If you are not an Australian citizen, you will need to obtain a NPC from your country of origin. Any criminal conviction incurred in any country in the world must be disclosed. A prior criminal history does not prevent a person from obtaining a licence, but any prior convictions are taken into account when deciding whether an applicant is a fit and proper person to be involved in racing in Queensland. This information may be disclosed to Control Body personnel; government authorities.

"conviction" of an offence means being found guilty of an offence, on a plea of guilty or otherwise, whether or not a conviction is recorded.

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* YOU MUST SUPPLY A NPC IF YOU HAVE NOT BEEN LICENSED IN THE LAST 12 MONTHS *

Do you have any prior criminal convictions or charges INCLUDING GUILTY PLEAS WITHOUT CONVICTION? If so, please outline the circumstances surrounding your charges or conviction/s. (Attach additional information should there be insufficient room).	YES Details:	NO	
Are you currently facing a charge for any offence anywhere in Australia or overseas? If so, please advise the nature of the charge, the Court location and next remand or hearing date.	YES Details:	NO	
Have you ever been charged with any offence relating to cruelty to animals? If yes, please outline the nature of the charge and the outcome of the matter.	YES □ Details:	NO	
Do you understand that if you are charged with an offence under Australian Law that you must notify the QRIC within 14 days?	YES 🗆		
Section 6 - LICENSING QUESTIONS – DRIVER APPLICANTS ONLY			
Have you successfully completed a training course approved by the QRIC? (i.e. Harness Short Course)	YES Details:	NO	
You must undergo a compulsory medical examination and have it certified by the relevant medical practitioner. Is your certificate attached?	YES 🗆	NO	

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Section 7 - LICENSING QUESTIONS – TRAINER APPLICANTS ONLY * A STABLE INSPECTION WILL BE COMPLETED BY STEWARDS PRIOR TO LICENCE BEING APPROVED *

If you have not submitted a compulsory medical examination to the QRIC in the past five years, you must undergo a compulsory medical examination and have it certified by the relevant medical practitioner. Is your certificate attached? At what registered training facility do you intend to train? Nearest racing track? The address of the stables you will stable your horses? Do you own or rent the stables? Do you own or rent the stables? Please list the names of all the Stablehands that are likely to work for you: 1	Have you successfully completed a training course approved by the QRIC? (i.e. Harness Short Course)	ES I NO II etails:	
train? Nearest racing track? The address of the stables you will stable your horses? Do you own or rent the stables? Own Rent Owner's name: Is there a secure feed room at the stables? Please list the names of all the Stablehands that are likely to work for you: 1 4 2 5 3 6 Section 8 - MEDICAL DETAILS YES NO What defect? Are you presently receiving medical treatment? Have you any physical defects that may affect your	examination to the QRIC in the past five years, you must undergo a compulsory medical examination and have it certified by the relevant	ES NO	
The address of the stables you will stable your horses? Do you own or rent the stables? Own □ Rent □ Owner's name: Is there a secure feed room at the stables? Please list the names of all the Stablehands that are likely to work for you: 4 2 5 3 Section 8 - MEDICAL DETAILS YES □ NO □ What defect? Are you presently receiving medical treatment? Have you any physical defects that may affect your			
bo you own or rent the stables? Own □ Rent □ Owner's name: Is there a secure feed room at the stables? YES □ NO □ Please list the names of all the Stablehands that are likely to work for you: 4 2 5 3 6 Section 8 - MEDICAL DETAILS YES □ NO □ What defect? Are you presently receiving medical treatment? YES □ NO □ For what condition? YES □ NO □ Patrills YES □ NO □ Patrills	Nearest racing track?		
Do you own or rent the stables? Owner's name: Is there a secure feed room at the stables? Please list the names of all the Stablehands that are likely to work for you: 1			
Please list the names of all the Stablehands that are likely to work for you: 1	Do you own or rent the stables?		
1 4 2 5 3 6 Section 8 - MEDICAL DETAILS Have you any defect in your sight? Are you presently receiving medical treatment? Have you any physical defects that may affect your YES □ NO □ For what condition? YES □ NO □ For what condition?	Is there a secure feed room at the stables?	ES NO	
Section 8 - MEDICAL DETAILS YES NO What defect? Are you presently receiving medical treatment? Have you any physical defects that may affect your YES NO For what condition? YES NO Have you any physical defects that may affect your	Please list the names of all the Stablehands that are likely to work for you:		
Section 8 - MEDICAL DETAILS Have you any defect in your sight? YES NO What defect? YES NO For what condition? Have you any physical defects that may affect your	1		
Section 8 - MEDICAL DETAILS YES NO What defect? Are you presently receiving medical treatment? Have you any physical defects that may affect your YES NO How hat condition? YES NO Details:	2		
Have you any defect in your sight? YES NO What defect? YES NO For what condition? Have you any physical defects that may affect your YES NO For what condition? YES NO For what condition?	3		
Have you any defect in your sight? What defect? YES □ NO □ For what condition? Have you any physical defects that may affect your What defect? YES □ NO □ For what condition?	Section 8 - MEDICAL DETAILS		
Are you presently receiving medical treatment? For what condition? Have you any physical defects that may affect your Patailar	Have you any defect in your sight?		
Have you any physical defects that may affect your	Are you presently receiving medical treatment?		

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Section 9 - DECLARATION & SIGNATURE

I, do solemnly and sincerely declare as follows:

- 1. I have read the standards of the QRIC available at www.gric.gld.gov.au and I agree to be bound by these standards.
- 2. I am aware that the Australian and Local Rules of Racing which I am required to abide by, are published on the QRIC website and that I must continually update myself in relation to recent rule changes.
- 3. I will abide by the Rules of Racing and any lawful direction issued by a steward or authorised officer of the QRIC. I understand that disciplinary action may be taken against me, including revocation of my licence, if I do not abide by the standards of the QRIC, the Rules of Racing or a lawful direction issued by a steward or authorised officer of the QRIC.
- 4. I am not currently subject to any disciplinary action initiated by any other Principal Racing Authority (PRA) in Australia or New Zealand. I will immediately inform the QRIC should any other PRA initiate disciplinary action against me.
- 5. I consent to the QRIC disclosing my personal information to and obtaining information in relation to bets I place (in my own capacity or on behalf or on behalf of any other person) from any entity operating:
 - a) Any totalisator operator in Australia or elsewhere;
 - b) Any bookmaker licensed to operate in Australia or elsewhere, including corporate bookmakers; and/or
 - c) Any betting exchange (licensed or unlicensed) operating in Australia or elsewhere.

I understand that any entity that provides information to the QRIC in compliance with a request made by QRIC does so with my consent and is not breaching the Privacy Act or any other legislation concerning the protection of information concerning my personal affairs, in complying with the request by QRIC.

- 6. I am aware that the QRIC collates personal information relating to me as part of the process of retaining records of all persons licensed by the QRIC. I consent to the QRIC disclosing and requesting personal information concerning my affairs as a licensee to/from:
 - a) Authorised employees and agents of the QRIC;
 - b) Other State and Federal Government departments and agencies;
 - c) Principal Racing Authorities in other states and territories in Australia and elsewhere;
 - d) Your public liability insurer and any agent acting on behalf of your insurer;
 - e) An owner or licensee of a venue at which betting on standard bred races is conducted;
 - f) WorkCover and providers of insurance in the racing industry, and
 - g) I agree to advise the QRIC in writing if I do not consent to my name and contact details being published on the QRIC website.

h)

I understand that personal information of individuals may be collected or disclosed to third parties by QRIC in connection with the performance of the QRIC's functions and powers.

- 7. All information I have provided in this declaration is true and correct. I understand disciplinary action may be taken against me, including revocation of my licence, if I provide information to the QRIC that is incorrect in any particular.
- 8. I understand that the QRIC may grant me a licence on various conditions and that QRIC has the right to impose additional conditions on my licence, during any licensing period.
- 9. I understand that the QRIC may revoke my licence if I fail to pay debts as and when they fall due.

Name of Applicant	Full Name of Witness
Signature of Applicant	Signature of Witness
Date	Date

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ABN: 64 838 583 571

CITY EAST QLD 4002

PO Box 15666

(HARNESS) APPLICATION FOR TRAINER AND/OR DRIVER LICENCE 2016/17

R90-A

(DRIVERS, TRAINERS AND STABLEHANDS)

TO BE COMPLETED BY MEDICAL PRACTITIONER		
Applicant's name:		
1 Doctor's name and business address	S :	
Name:		
Address	D/a a da	
Address:	P/code	
Phone:		
2 Describe the applicant's general appearance	?	
3 Is there any hernia?		
NO 🗌	YES	
Describe the condition of the following:		
Nervous System	Lungs	
Ear, nose & throat	Abdomen	
Gland areas	Spine, limbs & joints	
5 What is the applicant's blood pressure reading	ng?	
Systolic	Diastolic	
6 What is the applicant's urine levels?		
Glucose	Albumin	
7 What is the condition of the applicant's heart:		
Size	Rhythm	
Sounds	Pulse rate	
8 Describe the applicant's sight		
Uncorrected L6/	Corrected L6/	
R6/	R6/	
9 Describe the applicant's hearing	Diale	
Left	Right	
10 Describe any areas of the applicant's history	that you consider relevant to the application for a licence:	
11 I conclude that, in relation to the driving, training of	or stablehand duties to be undertaken by the applicant if licensed:	
The applicant is fit for these duties		
The applicant is unfit for these duties	3	
Doctor's Signature: Date:		
/1.00 Reference number 2839	Refer to the Commission's privacy policy on our website.	
Queensland Racing Integrity Commission	4000 007 004	

Email:

licensing@qric.qld.gov.au

Website: www.qric.qld.gov.au

4:00pm, Mon-Fri

Closed public holidays



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COMPULSORY MEDICAL EXAMINATION

To the Examining Medical Practitioner

Introduction

The Queensland Racing Integrity Commission requires applicants, for the granting of a licence as a driver, trainer, trainer/driver or stablehand requiring driver endorsement at harness race meetings, trials or track work in Queensland, to provide a medical certificate stating the applicant's:

- (a) general health; and
- (b) fitness to drive harness racehorses in races, trials and/or track work.

The purpose of this document is to provide background information regarding the minimum requirements in respect of such a medical certificate.

It is stressed, however, that the provision of a medical assessment and information is a matter for the professional judgement of the examining practitioner, who must not be limited or constrained by the information provided herein.

It should be noted that if this applicant is granted a licence as a <u>driver</u>, they would be permitted to drive horses in trials and/or races which are very competitive, and have the capacity to affect the safety of other people and horses.

Persons granted a licence as a <u>trainer or stablehand</u> must have a general fitness level, which would allow them to perform fast trackwork.

A medical practitioner who has any doubts about his or her capacity to evaluate a person's physical fitness to drive in races, trials or trackwork should decline to provide a medical certificate to any person applying for a trainer, driver, trainer/driver or stablehand licence or permit.

Driving may place considerable physical strain on the body, including joints and muscles in the lower back, neck, hip, knee, and ankle joints, and the major leg and arm muscles.

Drivers in races and/or trials are required to wear silks of various colours and patterns. Accordingly, it is important that they are able to identify various colours and patterns, and judge the distance between their drive and their fellow participants drives.

During the course of a race, fellow drivers may call out to others to alert them of their position or presence and the imminence of danger. Good hearing is an essential requirement for drivers.

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