

C15: 01-21

APPROVED EMPLOYER APPLICATION FORM

This form is to be completed by Trainers who intend to employ and train Probationers and Apprentice Jockeys. The information requested will be used to provide NZTR with the assurances that you will be able to give a trainee the development and opportunities required to become a successful Jockey.

Please forward your completed form to the Licensing Clerk [on behalf of the Training and Development Committee] for consideration.

YOUR PERSONAL DETAILS					
Title (Mr/Mrs/Miss/Ms)					
Surname					
Given Names (in full)					
Date of Birth / Place of Birth					
Marital Status					
Residential Address				Postcode	
Postal Address				Postcode	
Home Phone					
Mobile Phone					
Email Address					
Employment status, are you currently-	Self employed	Contractor	Employee	<i>(please circle)</i>	
Number of children in residence	Males:	Ages:	Females:	Ages:	

LICENSED HISTORY (please complete in full)				
Period in Racing – how long have you been:				
	Years	Months	Approx Date (e.g 1945-48)	Employers (if applicable)
Class A Trainer				
Class B Trainer				
Class C Trainer				
Class A Rider				
Class B Rider				

Have you ever been refused a licence, permit or certificate in New Zealand or elsewhere?
<p>YES NO <i>(please circle one)</i></p>
<p>If YES, please provide details:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Current training status:			
CLASS A TRAINER	CLASS B TRAINER	CLASS C TRAINER	(please circle one)
Is your current licence subject to any conditions? YES NO (please circle one)			
If YES, please provide details:			

EMPLOYMENT STATUS			
Are you currently :			
SELF EMPLOYED	CONTRACTOR	EMPLOYEE	(please circle)

TRAINER EXPERIENCE

5. What is the average number of horses you have had in training over the last five (5) years? _____
 How many horses do you currently have in full training? _____
 What is the highest number of winners you have had in one racing year, over the last five (5) years? _____
 Do you have race day riding experience? YES / NO (Please circle, and if yes, give details)

 Do you have any other equestrian experience? YES / NO (Please circle, and if yes, give details)

ESTABLISHMENT DETAILS

6. Location of the establishment where the Probationer / Apprentice will be employed:

 Do you: Own the property / Lease the property / Rent the property (Please circle)
 If leased or rented, please state: _____
 Name and address of owner: _____
 Duration of lease: _____
 Do you reside there: YES / NO (Please circle)
 Your Address (if different to above): _____
 Are you normally at the property at ALL times, to supervise a Probationer or Apprentice? YES / NO (Please circle)
 If NO, state who will supervise the Probationer or Apprentice, and manage the operation in your absence: (Please give full name and status)
 Full Name: _____ Status: _____
 How many other staff do you employ at any one time (on average)? _____

7. Where do you train your horses? Private training facility / Public Training facility (Please circle)
 Where is that facility? _____

ACCOMMODATION FACILITIES

8. Do you intend providing accommodation for your Probationer / Apprentice? **YES / NO** (Please circle)

If yes, please complete the following:

a. Do you have suitable accommodation on your property at the present time? **YES / NO** (Please circle)

b. If yes, is the accommodation: (Please tick)

Sole Occupation Shared with stable staff Shared with employer in house

ACCOMMODATION FACILITIES (CONT...)

9. If providing accommodation, please complete the following:

c. Does the resident have access to: (Please tick)

Shower Bath Flush toilet Heating
 Personal washing facilities Meals Suitable lighting / power outlets Transport when necessary (Public)?

d. Is the accommodation in sound condition; i.e. Structure, including roof, cladding etc **YES / NO** (Please circle)

HEALTH AND SAFETY

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;
- I will carry out my obligations under the Health and Safety at Work Act 2015;
- I will cooperate absolutely with any health and safety investigation conducted by the RIU, NZTR or WorkSafe;
- 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;
- I will comply with any health and safety policies at any racing venue;
- I have a health and safety plan which I have implemented.

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.

RESPONSIBILITIES OF APPROVED EMPLOYERS

The responsibilities of approved employers are defined in the NZTR Employer Memorandum of Understanding, of which a sample copy is attached to this form.

Once granted Approved Employer status, the approved employer will be required to adhere to the terms and conditions laid down in the NZTR Employer MOU. If, at any time, upon review it is deemed by the Training and Development Committee that you are not meeting those obligations, you will be given an opportunity to remedy the situation, following which the Probationer / Apprentice may be removed from your employment. Under circumstances of severe breach of the MOU, NZTR reserves the right to remove a Probationer/Apprentice immediately.

I am familiar with the Employer's obligations as set out in the NZTR Employer Memorandum of Understanding

Signed: _____ (Employer Applicant)

Is there any other comment you wish to make to support your application to become an 'Approved Employer' of an Apprentice Jockey? (If so, please comment below)

PRIVACY ACT 2020

This information is being collected and will be held by New Zealand Thoroughbred Racing (NZTR) at 106-110 Jackson Street, Petone, Wellington. It is being collected for the purpose of processing the matter 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, direct marketing or providing you with information on events, products and services. NZTR will not use or disclose your personal information

in any way, other than that disclosed in 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 the subject of this form. That 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 direct marketing and providing you with information on events, products and services by notifying NZTR by email 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 the box below.

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 Jockeys 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: loveracing.nz/NZTR/Resources/Health-and-Safety.aspx.

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;
- I will carry out my obligations under the Health and Safety at Work Act 2015;
- I will cooperate absolutely with any health and safety investigation conducted by the RIU, NZTR or WorkSafe;
- 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;
- 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.

Please send the completed form to:

The Licensing Clerk, New Zealand Thoroughbred Racing, P O Box 38-386, WELLINGTON MAIL CENTRE

Email: licensing@nztr.co.nz

DECLARATION BY APPROVED EMPLOYER

1. I _____ (full name) as an Approved Employer, do hereby apply for permission to engage a person as an apprentice jockey for a period of not less than four years.
2. The gross wage I intend to pay is \$ _____ per hour.
3. I am aware of my obligations to pay at least the minimum weekly wage set by MBIE.
4. I am also aware of my obligations to assess and sign off each apprentice at least every two and a half months using their individual training manual containing the unit standards.

Signature of Employer _____

Date _____