

NEW ZEALAND THOROUGHBRED RACING INC

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C16: 12-04

APPLICATION FOR A GRANT FROM THE GENERAL TRUST FUND

This form should be completed on occasions of work related accidents or serious illness or misadventure outside of work related duties by current Licensees of New Zealand Thoroughbred Racing:

- Licensed Jockeys and Apprentice Jockeys; or
- Licensed Trainers; or
- Licensed Stablehands
- Employers of Apprentices and Stablehands

I, apply to the General Trustees for a grant in respect of :

Loss of earnings during first week of incapacity in connection with the accident which happened to me/my employee (delete where not appropriate).

Financial Hardship grant where I will be incapacitated for a period of more than six months of \$..... for the following; (Please see page 2)

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-
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Place where incident occurred or where serious illness was diagnosed (if applicable)

.....

Date of incident or when the serious illness was diagnosed (if applicable)

.....

Brief details of the incident or illness

.....

.....

Signed:

Address:

Bank Account:

Date:

Checklist:

NZTR authorised person sign off

Medical Certificate attached?

Any payment made by the Trustees from the General Trust Fund does not represent any admission of liability of the General Trust Fund, NZTR and/or the NZTR member clubs (including any of the agents or employees of NZTR or such clubs). By accepting a payment, the licensee agrees that the payment made by the Trustees on behalf of the General Trust Fund, NZTR and/or the NZTR member clubs (including any of the agents or employees of NZTR or such clubs), is in full and final settlement of any and all of the licensee's rights against the General Trust Fund, NZTR and the NZTR member clubs (including any of the agents or employees of NZTR or such clubs) in relation to the matter in question.

Additional information to support the application to the General Trust Fund for financial hardship

For applications to the General Trust Fund for hardship grants are to be supported by the following documentation:

- Documentation from ACC
- Supporting documents for additional costs during recovery phase
- Any other documentation to support the funding request

Budget:

Income – list income received during recover phase	Describe the nature of the income -i.e. period of cover	\$
ACC		\$
Employment – will your employer top up your ACC entitlement with sick leave allowance?		\$
Other		\$
Total income during recovery phase		\$
Expenses – list of additional expense during recovery phase		
		\$
		\$
		\$
Total additional expense during recovery phase		\$
Funding requested to support recovery		\$