

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

Please attach a recent passport photograph of yourself endorsed by another person as to its validity.

APPLICATION FOR LICENCE OF

CLASS A MISC. LICENCE (Stablehand Non-Riding)

Where there is insufficient space to provide full details, please attach additional pages to this application.

Please Note: If you are intending to ride horses in trackwork you must apply for a [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. EMPLOYMENT 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Have you ever had a licence disqualified, revoked, suspended, withdrawn or refused by any Racing Authority?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. EDUCATION / QUALIFICATIONS	
Please indicate whether you have achieved a level of qualification through the NZ National Certificate in Equine (Thoroughbred Racing) – Level 1, 2, 3 or 4.	
Please state your National Student Number (NSN) if known:	
If known, please list the Unit Standard Numbers that you have achieved.	
Please outline any other relevant qualifications that you have.	

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.	

5. EMPLOYMENT DETAILS	
Employer Name / Name of Trainer Assisting	
Capacity of Employment or Assistance in the stable	Full Time employed <input type="checkbox"/> Self employed <input type="checkbox"/> Part Time employed <input type="checkbox"/> Voluntary/Helper <input type="checkbox"/>

6. CONTACT PERSON (in case of emergency)	
Name	
Relationship to you	
Best contact number	

7. PAYMENT DETAILS	
I would like to pay by Bank Deposit: <input type="checkbox"/>	Date Deposited: _____
New Zealand Thoroughbred Racing Inc - Bank Account Number 01-0517-0063944-00. (Please use your name & form type as reference)	
Please charge my:	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Diners Club <input type="checkbox"/>
Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Cardholder's Name: _____	Signature: _____

8. HEALTH AND SAFETY	
<p>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.</p> <p>The HSW at Work Act creates rights and obligations for all employees. It is important that all employees know and understand these.</p> <p>Further details are available on the NZTR website: https://loveracing.nz/NZTR/Resources/Health-and-Safety.aspx.</p> <p>By signing this form, I undertake to NZTR that:</p> <ul style="list-style-type: none"> 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; <p>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.</p>	

9. CREDIT CHECKING	
<p>You 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.</p>	

10. 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.

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: <https://loveracing.nz/>

11. 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:

- i. have attained the age of 15 years;
- ii. am of good character; and
- iii. am competent to discharge the functions of a Stablehand; or

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

12. DECLARATION BY EMPLOYER

I hereby declare that I have interviewed this applicant, discussed his/her background, and in my opinion he/she is a fit and proper person to be registered as a Stablehand.

Signature of Employer

Date