

Please attach a recent passport photograph of yourself. This is required for all new applicants.

C7a: 01-21

**APPLICATION FOR CLASS C RIDER'S LICENCE
 INTERNATIONAL APPRENTICE
 (PROBATIONER'S LICENCE)
 WITH A VIEW TO APPRENTICESHIP**

FEE \$2,470.00
 GST incl.
 GST No. 10-386-896

(A further NZ\$3,450 will be due on completion of probationary period.
 A further NZ\$5,750 must be paid within 12 months of completion of apprenticeship)

YOUR PERSONAL DETAILS	
1.	Title (Mr/Mrs/Miss/Ms)
2.	Surname
3.	Given Names (in full)
4.	Date of Birth / Place of Birth
5.	Nationality
6.	For statistical purposes, do you identify as (please mark with X) <input type="checkbox"/> European <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
7.	Residential Address
8.	Postal Address
9.	Home Phone
10.	Mobile Phone
11.	Email Address
13.	Facsimile Number
14.	Weight (in kg)

EDUCATION DETAILS	
15.	Name of School attended
16.	NZQA Hook On Number
17.	Standard of Education Passed (please mark with X) <input type="checkbox"/> None <input type="checkbox"/> Year 11 (or at least 12 NZQA credits at Level 1) <input type="checkbox"/> Year 12 (or at least 12 NZQA credits at Level 2) <input type="checkbox"/> Year 13 (or at least 12 NZQA credits at Level 3) <input type="checkbox"/> Tertiary qualification at sub degree level <input type="checkbox"/> Tertiary qualification at degree level
18.	Standard of Written English <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
19.	Standard of Oral English <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

CRIMINAL HISTORY	
20.	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.
21.	Have you ever been charged with any offence relating to cruelty to animals? "Yes" or "No". If "Yes", provide full details.

LICENCE HISTORY

22.	Have you previously held any licence in New Zealand including Harness and Greyhound control bodies? "Yes" or "No". If "Yes", provide full details.	
23.	Have you previously held any licence in any overseas racing jurisdiction including Harness and Greyhound control bodies? "YES" or "NO" If "YES", please provide details.	
24.	Have you ever had a licence disqualified, revoked, suspended, withdrawn or refused by any Racing Authority? "Yes" or "No". If "Yes", provide full details.	

LEGAL GUARDIAN (If under 18 years of age)

25.	Full Name	
26.	Relationship to Applicant	
27.	Residential Address	
		Postcode
28.	Home Phone / Mobile Phone	

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.

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.

CREDIT CHECKING & DEBT COLLECTION

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 loveracing.nz.

DECLARATION BY APPLICANT

I do hereby declare that:

1. By signing and submitting this form to New Zealand Thoroughbred Racing Inc (NZTR) I have read the form and all of the information that I have provided to NZTR in this application form is true and correct in every particular.
2. I understand that NZTR will rely upon the information I have provided in this application form for the purpose of determining whether I am an appropriate person to be probationed with a view to becoming an apprentice jockey.
3. I understand that NZTR may take disciplinary action against me in the event that the information I have provided in this application form is false or misleading in any particular, and that disciplinary action may include revocation of any licence issued to me.
4. 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:
 - (a) have attained the age of 15 years;
 - (b) am competent to ride in trials (including jump-outs and tests for certification purposes) and trackwork; and
 - (c) am of good character.
5. I hereby consent to the New Zealand Police disclosing to NZTR 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.
6. In accordance with Rule 656 of the NZTR Rules of Racing, I consent to providing a sample of my blood, breath, urine, sweat or saliva (or more than one thereof), as and when required by a Stipendiary Steward or Investigator, for the purpose of alcohol and drug testing.
7. I understand that the probation period of three months is a period for both the Employer and the Employee to satisfy each other of their compatibility. During this period it is important that the Employee (the applicant to be probationed) adapts to the lifestyle of the Employer, the methods of training, the domestic environment offered and the standard of accommodation provided. During this probationary period either party may, for any reason, by written notice, terminate the employment of the probationer without giving any reason and without the termination being to the detriment of either party.
8. I understand that any change in employer will result in a new probationary period of three months, at the conclusion of which, if any Apprenticeship Agreement is entered into, the previous period of probation can be applied to be included into the period of apprenticeship.
9. I understand that during this probation period and throughout the apprenticeship, I am required to comply with all training requirements as required by NZTR.
10. I have attached:
 - a recent passport sized photograph of myself;
 - a copy of my Birth Certificate, or current work visa and passport;
 - a copy of my School Leaving Certificate;
 - my completed Medical Examination Record Form.

Full Name of Applicant _____

Full Name of Legal Guardian _____

Signature of Applicant _____

Signature of Legal Guardian _____

Date _____

Date _____

Full Name of Witness _____

Signature of Witness _____

Date _____

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 _____

PAYMENT 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.

I have paid by bank deposit: Date Deposited: _____ Reference Used: _____

New Zealand Thoroughbred Racing Inc - Bank Account Number 01-0517-0063944-00. (Please use your name & form type as reference)

Please charge my: Mastercard Visa Amex Diners Club

Card No: Expiry: /

Cardholder's Name: _____ Signature: _____

M1: 01-21

RIDER MEDICAL EXAMINATION RECORD & PERSONAL INFORMATION FORM

This form is to be completed when you are applying for a new Rider's Licence:

- Personal Information (1) & Health Questionnaire (2) sections by the Rider; &
- Medical Examination Certificate (3) by a General Practitioner.

For:

Class C Rider
(Probationer)

Class B Rider
(Apprentice)

Class A Rider
(Jockey)

Class D Rider
(Jumps & Highweights)

Class E Rider
(Amateur)

This information is collected to ensure that you ride, and eventually retire from riding, in the best possible condition.

1. PERSONAL INFORMATION

APPLICANT DETAILS (Please complete in block letters)		
Surname		
First Names		
Preferred Name		
Date of Birth	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address		
Email Address		
Home Phone	Mobile Phone:	
Usual GP		
GP's Address		
Next Of Kin	Name:	Phone:
Contact Person	Name:	Phone:

2. MY HEALTH (Please provide details of your medical history)

2A DO YOU HAVE ANY CHRONIC PROBLEMS WITH THE FOLLOWING?			
		NO	YES
		IF YES, ENTER DETAILS INCLUDING DATES	
1	Lung problems (e.g. asthma, other)		
2	Heart problems		
3	Mental health		
4	Abdominal / bowel / liver problem		
5	Kidney or bladder problem		
6	(Women): Gynaecology		
7	Epilepsy / other neurological problem (do not include head injury/concussion)		
8	Blood disorder e.g., anaemia / other		
9	Problems with spine, limb or joint?		
10	Any other injury or disability		
11	Taking any medications		Please Specify
12	What is your usual riding weight?	(Kg)	

If you need more space to explain answers above, please do it here with dates:

2B PAST HISTORY OF HEAD INJURY / CONCUSSION	
How many episodes of head injury and/or concussion have you had that have required absence from riding?	
List approximate number of episodes:	List approximate years
Have you had any episodes of head injury and/or concussion in the past two years (circle): YES / NO	If yes, give details

2C OTHER SERIOUS INJURIES, OPERATIONS AND ILLNESSES (that have required more than a week off riding, or time in hospital)	
Year	List serious injuries and illnesses, and operations

2D ALLERGIES	
Cause of allergy (e.g. Name of food / medicine / chemical / pet)	Nature of Reaction (circle the reaction you had, or specify after other)
	Anaphylaxis (collapse) / Local Swelling / Other reaction
	Anaphylaxis (collapse) / Local Swelling / Other reaction
	Anaphylaxis (collapse) / Local Swelling / Other reaction

2E TETANUS	
Year of last Tetanus vaccination	
Note – If you are unsure, please check with your doctor, or get an updated Tetanus vaccination and record this.	

3. MEDICAL EXAMINATION (to be completed by a registered General Practitioner)

MEDICAL EXAMINATION							
Height	cm	Urine (Dipstick)		Visual acuity	Right	Left	Both
Weight	kg	Protein:		Uncorrected	6 /	6 /	6 /
BMI		Blood:		Corrected	6 /	6 /	6 /
BP	/	Glucose:		Colour vision	Normal / Abnormal		
Peak flow	l/min			If lenses	Hard / Soft		

ARE THE FOLLOWING NORMAL?				YES	NO	NOTES IF ABNORMAL
1	Respiratory					
2	Cardiovascular					
3	Mental health					
4	Gastro-intestinal					
5	Kidney or bladder problem					
6	(Women) gynaecological					
7	Vision					
8	Hearing					
9	Neurological					
10	Lymphadenopathy/ anaemia					
11	Spine					
	Upper limbs					
	Lower limbs					
12	Any other injury or disability? Please specify....					

RECOMMENDATION (tick)		YES	NO
If a significant head injury or other injury requiring time off or hospital admission, in past 12 months, I attach further reports			
I certify the above as fit for riding			
If no, please specify reason and any further action recommended, e.g. recommend a specialist report			
Signature	Surname		
Date	NZMC #		

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PROCESS

Once all sections of this form have been completed by the Rider and a General Practitioner respectively, it should be returned to NZTR.

NZTR Medical Advisor
New Zealand Thoroughbred Racing
PO Box 38-386
Wellington Mail Centre
Lower Hutt 5045

Email: licensing@nztr.co.nz
Fax: 04 568 8866

Licensing contact for **enquiries: 04 576 6279**