

## 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.

### PERSONAL DETAILS

**Full Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**[Your] Residential Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**No of Children in Residence:** **Males:** \_\_\_\_\_ **Ages:** \_\_\_\_\_ **Females:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

### LICENSED HISTORY *(Please complete in full)*

2. Period in Racing – how long have you been:

	Years	Months	Approx Date (eg 1945-48)	Employers (If Applicable)
<b>Class A Trainer</b>				
<b>Class B Trainer</b>				
<b>Class C Trainer</b>				
<b>Class A Rider</b>				
<b>Class B Rider</b>				

2. Have you ever been refused a licence, permit or certificate in New Zealand or elsewhere? **YES / NO** *(Please circle)*

If so, give details: \_\_\_\_\_

3. **Current Training Status:** **Class A Trainer / Class B Trainer / Class C Trainer** *(Please circle)*

Is your current licence subject to any **YES / NO** *(Please circle)* conditions?

If so, give details: \_\_\_\_\_

### EMPLOYMENT STATUS

4. 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)
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- Do you have any other equestrian experience? **YES / NO** (Please circle, and if yes, give details)
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## 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)

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### PRIVACY ACT 1993

This information is being collected and will be held by New Zealand Thoroughbred Racing (NZTR) at PO Box 38 386, Wellington Mail Centre. It is being collected for the purpose of NZTR considering this application and processing the matter the subject of this form. If you do not provide the requested information then NZTR may not be able to consider this application and process the matter the subject of this form. You may access your personal information (if it is readily retrievable) at the above address and you may request NZTR to correct that information.

**Important:** *By signing this form you also authorise NZTR to collect information from third parties to advance its consideration of the matter the subject of this form. NZTR will check historical Judicial Control Authority records as part of the approval process for Approved Employer status.*

Please send the completed form to:

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

Email: [licensing@nzracing.co.nz](mailto:licensing@nzracing.co.nz)