



NEW ZEALAND THOROUGHBRED RACING INC
PO Box 38386, WMC | Telephone: (04) 576 6240 | Facsimile: (04) 568 8866
Web: www.nzracing.co.nz | Email: licensing@nzracing.co.nz

GST No. 10-386-896

Fees are GST inclusive

C8: 06-13

APPLICATION FOR
CLASS B RIDER'S LICENCE
(APPRENTICE JOCKEY'S LICENCE)

A recent passport photograph of yourself is required for all new applicants.

Continuing after Probation Period \$65.00
New Licensee from Overseas Jurisdiction \$110.00

As a holder of a Class B rider's licence you are entitled to participate in Races, Barrier Trials, Jump Outs and General Trackwork Sessions.

YOUR PERSONAL DETAILS	
1.	Title (Mr/Mrs/Miss/Ms)
2.	Surname
3.	Given Names (in full)
4.	Preferred Name (to appear in racebooks)
5.	Date of Birth / Place of Birth
6.	Nationality
7.	Residential Address
	Postcode
8.	Postal Address
	Postcode
9.	Home Phone
10.	Mobile Phone
11.	Email Address
12.	Facsimile Number
13.	IRD Number
14.	GST Number
15.	NZ Drivers' Licence or Passport Number

RIDING DETAILS		
16.	Riding Weight (in kg)	
17.	State of Health	
18.	Training Facility(ies) where you ride work	
19.	(a) Number of Career Flat Rides	(b) Number of Career Flat Wins
	(c) Number of Career Jumping Rides	(d) Number of Career Jumping Wins

EMPLOYMENT HISTORY	
20.	Name and Location of Current Employer
21.	Period of Employment
22.	Name and Location of last Trainer / Employer

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.

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	Have you ever had a licence disqualified, revoked, suspended, withdrawn or refused by any Racing Authority?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

CRIMINAL HISTORY	
26.	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.
27.	Have you ever been charged with any offence relating to cruelty to animals? "Yes" or "No". If "Yes", provide full details.

LEGAL GUARDIAN / CONTACT PERSON (if under 18 years of age)	
28.	Full Name
29.	Relationship to you
30.	Residential Address
	Postcode
31.	Home Phone / Mobile Phone

CREDIT CHECKING & PRIVACY ACT 1993	
<p>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.</p> <p>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.</p> <p>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 of direct marketing and providing you with information on events, products and services by notifying NZTR by email or by letter to the above address.</p> <p>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. <input type="checkbox"/></p>	

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 www.nzracing.co.nz.

Rider Licensing

All riders that are granted a Class A, B, D or E Rider's Licence for the first time by NZTR will automatically be granted a Class B Trackwork Rider's Miscellaneous Licence as a condition of that licence under rule 314(3).

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 receive a Class B rider's licence.

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 held a Class C rider's licence for at least 3 months;
- (b) have attained the age of 15 years and 3 months;
- (c) am competent to ride in Races, trials (including jump-outs and tests for certification purposes) and trackwork; and
- (d) am of good character.

5. I have obtained a copy, and informed myself, of the NZTR Rules of Racing and it is my obligation as a holder of a Class B rider's licence to update myself in relation to NZTR's policies and any rule changes and to abide by those policies and Rules of Racing.

6. In accordance with Rule 656 of the NZTR Rules of Racing, 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.

7. I am not currently subject to any disciplinary action initiated by any other Racing Authority in New Zealand or overseas and I will immediately inform NZTR should any other Racing Authority in New Zealand or overseas initiate disciplinary action against me.

8. I understand that if I do not pay any amount owed to NZTR within the required time, NZTR may set-off this debt against any prizemoney due and owing to me through the TROSA system administered by NZTR.

9. I understand that in accordance with the terms of my Apprenticeship Agreement, 50% of any prizemoney due and owing to me will be paid to my Employer and the remaining 50% will be held in Trust by NZTR for the duration of the Apprenticeship Agreement.

10. For GST purposes relating to the supply of services by me (the Supplier), to NZTR (the Recipient):

- (a) I (the Supplier) acknowledge that if I am registered for GST purposes, I will notify NZTR in writing if I cease to be registered for GST purposes in the future, and if I am not currently registered for GST purposes, I will notify NZTR in writing if I become registered for GST purposes in the future;
- (b) I (the Supplier) will not issue tax invoices in relation to any prizemoney (supplies) that NZTR may have to pay me;
- (c) NZTR (the Recipient) can issue tax invoices in respect of prizemoney (supplies) that it has to pay me;
- (d) I (the Supplier) will not issue tax invoices in respect of the supplies;
- (e) I understand that NZTR is registered for GST purposes and that it will notify me in writing if it ceases to be GST registered or it is otherwise unable to prepare Buyer Created Tax Invoices (BCTI) on my behalf;
- (f) I understand that NZTR can only issue a BCTI on my behalf if it complies with the requirements established under legislation.

11. I authorise NZTR to disclose information provided by me in this application form to:

- (a) All Racing Authorities in New Zealand and overseas;
- (b) The persons specified in this application form;
- (c) Government Departments and regulatory authorities;
- (d) Persons currently unknown, for the purpose of complying with statutory obligations requiring NZTR to disclose information.

12. I consent to NZTR contacting all Authorised Wagering Operators in New Zealand and overseas for the purpose of determining whether I am betting in contravention to the NZTR Rules of Racing. I also consent to those third parties disclosing information to NZTR about any betting I engage in.

13. I consent to NZTR contacting other Racing Authorities in New Zealand and overseas and I consent to those bodies disclosing any information that may be requested at any time by NZTR.

14. 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.

15. I have attached a recent passport sized photograph of myself (if not previously supplied within the last 12 months).

16. I undertake to provide to NZTR a medical certificate every second year from a registered Medical Practitioner to support my application for annual renewal of my Class B rider's licence.

17. I understand that a condition of this licence is that I remain under the employment of an NZTR approved Employer and provide NZTR with a copy of my Individual Employment Agreement.

18. I agree to abide by the requirements of my individual employment agreement between myself and my employer and all Government legislation pertaining to my apprenticeship and to conduct myself at all times in a respectful and professional manner while carrying out the duties of an apprentice jockey.

19. I understand that I must comply with all training requirements as required by NZTR.

Full Name of Applicant	Full Name of Guardian / Witness
Signature of Applicant	Signature of Guardian / Witness
Date	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 Approved Employer

Date

PAYMENT DETAILS

I would like to pay by Bank Deposit: 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 Visa Amex Diners Club

Card No: Expiry Date: /

Cardholder's Name: _____ Signature: _____

My Cheque is enclosed for \$ _____ (Payable to New Zealand Thoroughbred Racing)

NZ JOCKEYS ASSOCIATION MEMBERSHIP APPLICATION

The fees applicable to NZJA membership are as follows:

For all Flat and Jumping Riders \$1.50 inc. GST per ride
Apprentice Riders \$0.75 inc. GST per ride

Only financial members of NZJA will qualify to receive the Rider Engagement Fee and the Minimum Ride Allowance.

NAME OF RIDER: DOB:

I wish to be a member of the NZJA: Yes No

Signed: Date:

OFFICE USE ONLY:

Application APPROVED / DECLINED by New Zealand Thoroughbred Racing. ID Number:

Signature Title Date

- Photo
- Payment
- Clearance (if req.)
- Investigator (if req.)
- S/Steward (if req.)



STRICTLY CONFIDENTIAL
BETTING ACCOUNT DECLARATION

I, _____
(Full name)

*declare that I do not have any betting accounts (being accounts with a bookmaker, totalisator or betting exchange located within or outside New Zealand), whether in my name or under any other name, nor do I bet or have bets placed on my behalf through any betting accounts held in any other person's name.

*declare that I have set out below all of my betting accounts (whether in my name or under another name) and further declare that:

1. I bet only through the betting accounts set out below and do not bet through betting accounts held in the names of any other persons;
2. to the best of my knowledge and belief, no one has placed a bet on my behalf in the past year or since I last made a Betting Account Declaration;
3. I do not have any betting accounts, including offshore accounts, (whether in my name or under any other name) other than the betting accounts set out below,

and agree that I will, on the written request of either NZTR or the Racing Integrity Unit, provide access to, and such other information as may be requested relating to, my betting accounts (whether they are in my name or under another name) and any bets placed through those accounts.

(*Delete whichever is inapplicable)

Betting Account(s)

BETTING OPERATOR	NAME OF ACCOUNT HOLDER

Signature _____

Date _____

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		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Preferred Name		Date Of Birth:		
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 problem			
4	Abdominal / bowel / liver problem			
5	Kidney or bladder problem			
6	(Women): Gynaecology problem			
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 (eg. 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 /
B.P	/		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 problem			
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		Stamp	
Date			

This information is being collected pursuant to the Rules of Racing, and is to be held by New Zealand Thoroughbred Racing. The information is being collected for, and is required for, the purpose of assessing the person's fitness to ride horses. The intended recipients of the information are the NZTR's Medical Advisor, and other NZTR officials who are involved in the safety of riders in New Zealand horse racing. Under the Privacy Act 1993, you have to right to see and correct information we collect about you.

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
Box 38-386
Wellington Mail Centre 5045

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

Licensing contact for enquiries: 04 576 6279

INFORMATION FOR DOCTORS WORKING WITH JOCKEYS

Jockeys ride 500kg horses at up to 60km/hour in groups of horses often less than a metre apart. Poor physical capacity or fitness, or very minor lapses in judgement, can cause falls, which can have serious consequences. NZ Racing is introducing some changes to make sure riders are kept safe.

1. REGULAR HEALTH CHECKS

In the past, riders have only needed a health check at the start of their career. We think riders should be treated like other people operating in high risk environments, and get regular health checks. The frequency will be every 2 years, as part of their annual licencing. This commenced on the 1st August 2014.

These will use a standardised medical questionnaire and examination which the rider will provide.

NZ Racing is concerned most about things that will affect the rider's ability to ride safely.

Your role- we ask you to pay special attention to:

- Their vision- including colour vision
- Their hearing- which should be within normal clinical parameters (if you are not sure, they will need an audiogram as a minimum).
- Documenting any chronic illness which impact on their ability to ride safely, and
- Chronic use of any medication
- Documenting any history of concussion/ head injury.

2. MANAGING CONCUSSION

NZ Racing is introducing changes in the way we manage "concussion", in line with other sporting codes with higher risk of brain injuries.

Your role

If you are asked to provide a medical clearance after a head injury, we ask that you use the following template to assess the rider's recovery from any brain injury.

Certificate Notes:

1. You must record your findings as they are on the day you assess them. If you state that the rider's symptoms have completely resolved, then they will be able to ride as soon as they have had a further psychometric test, and both have been reviewed and accepted by the NZTR Medical Advisor.
2. NZ Racing will not accept "prospective" clearances. If you found that the rider had what you considered minor residual symptoms, and you felt that they should be fit in, say, one week, then you must record your findings as they were on the day, and submit the medical, and you must tell the rider that they need to reassessed again by you in a week (or whatever period you feel is appropriate).