

## APPLICATION FOR LICENCE OF CLASS B MISC. LICENCE (Slow Trackwork Rider)

**FEE \$110.00**  
 GST Incl  
 GST No. 10-386-896

**Please Note:**

To qualify for a Trackwork Rider Licence (Class B Miscellaneous) you must have completed this form and then the trackwork rider accreditation. This includes:

- The Massey University Online Assessment
- Primary ITO Unit Standards 29173 & 1629
- Practical Assessment

A Trackwork Rider Licence will not be issued to anyone who has not completed all these requirements.

**Please make sure that you:**

- Fill in questions 1-13 on the Primary ITO training agreement
- Submit both the training agreement and the license application to [licensing@nztr.co.nz](mailto:licensing@nztr.co.nz) along with a photo for your license application and a copy of your photo ID (passport or driving license) for enrolment in the program.

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

### 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Have you ever had a licence disqualified, revoked, suspended, withdrawn or refused by any Racing Authority?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.	

**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.**

#### 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  Self employed  Part Time employed  Voluntary/Helper

#### 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:  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: \_\_\_\_\_

#### 8. 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 Professional Riders 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: <https://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.

## 9. 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](mailto: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.

## 10. CREDIT CHECKING

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 20<sup>th</sup> 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:

1. have attained the age of 15 years; and
2. am of good character; and
3. am competent to ride in trackwork.

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 Primary 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 Trackwork Rider.

I acknowledge the prescribed training requirements and agree to undertake my obligations as an employer 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 Employer

\_\_\_\_\_  
Date

## Te Pūkenga - The New Zealand Institute of Skills and Technology, trading as Primary ITO.

This Training Agreement is a formal agreement between the Employee (Learner), the Employer, and Primary ITO.



Any amendments to sections identified with a pen icon, must have learner, employer and PITO reps initials beside the changes.

Learners - Please complete sections 1-8 inclusive



### 1. Learner details

*(Full legal name as it appears on your birth certificate or passport)*

First name:

Middle name:

Surname:

Preferred name:

Previous legal name/maiden name:

Date of birth: (DD/MM/YYYY)

/ /

Gender:    Male    Female    Gender diverse

### 2. Contact and delivery details

Mobile:

Work phone:

Home phone:

Email:

Preferred contact method:    Email    Mobile    Work    Home    Mail    Text    Any

**Home Address – must be a New Zealand physical address not a PO box**

Number:

Street name:

RD:

Suburb:

City/town:

Postcode:

### 3. Identification\* *(if new to Primary ITO training)*

**ID type**    NZ Birth Certificate issued after 1 January 1998    Passport *(must be provided for work visa holders)*

New Zealand Certificate of Citizenship

NSI verification process

NZ Defence Force ID card

MOE exemption number:

### 4. Residency details

New Zealand citizen

New Zealand resident *(\*please provide a copy of your residency visa and passport)*

Australian citizen

Work visa holder *(\*please provide a copy of your passport and latest work visa)*

**Complete if you hold a work visa**

Work visa number:

Visa expiry date: (DD/MM/YYYY)

/ /

Copy of work visa attached





## 5. Ethnicity

NZ European    NZ Māori    Pacific Islander    Other – please specify:

If Māori, what is the name of your iwi?

Don't know

## 6. Education details

I have difficulties learning    Yes    No    English is my second language    Yes    No

### What was the last Secondary School you attended?

New Zealand Secondary School Name:

Last chronological year at school:

OR

Country name if your school was overseas:

Last chronological year at school:

### What is your highest Secondary School qualification?

No formal secondary school qualification

NCEA Level 1/ School Certificate

NCEA Level 3/ Bursary scholarship

Overseas qualification (including International Baccalaureate & Cambridge exams)

14 or more credits at any level

NCEA Level 2/ Sixth Form Certificate

University Entrance

### What is your highest post-school School qualification?

No qualification

Level 5 Diploma/Certificate

Masters' Degree

Level 1 Certificate

Level 6 Diploma/Certificate

Doctorate Degree

Level 2 Certificate

Level 6 Graduate Certificate

Not known

Level 3 Certificate

Postgraduate Diploma

Level 4 Certificate

Bachelor Degree or Level 7 Diploma/Certificate or Graduate Diploma/Certificate



## 7. Privacy statements

I agree to sharing my email address with Industry Partners for the purpose of further non-formal learning opportunities such as events/workshops etc    Yes    No

I agree to sharing my record of enrolment and completion with Industry Partners for the purpose of demonstrating involvement in industry training    Yes    No



Any amendments to sections identified with a pen icon, must have learner, employer and PITO reps initials beside the changes.



## 8. Employment details

### Employment type

Employee    Self-employed    Other principal contractor    Volunteer (TEC approval required)

### Employment status

Full time    Part time    Seasonal

### What were you doing immediately prior to current employment?

Secondary School Student	Self-employed	College of Education Student	House-person
Non-employed/Beneficiary	University Student	Wānanga Student	Retired
Wage or Salary Worker	Polytechnic Student	Private Training Student	Overseas

If you are working in the dairy farming sector please advise your current position in the workplace

Learners - Please go to Section 11

Employers - Please complete Sections 9-11&13 inclusive



## 9. Employer details

Employer/Company name:

Primary ITO ORG number:

**We confirm all current details in our database relating to this organisation have been verified as current and accurate.**

Yes - Please initial the boxes below and go to Section 10    No - Please complete section 9A

Initialed on behalf of Employer:

Initialed on behalf of Primary ITO:

### Section 9A

#### Primary contact

First name:

Middle name:

Surname:

Mobile:

Work phone:

Email:

#### Mailing address

Number:

Street name:

RD:

Suburb:

City/town:

Postcode:



Any amendments to sections identified with a pen icon, must have learner, employer and PITO reps initials beside the changes.



## 10. Workplace/site details

Workplace name:

Employee number:

Primary ITO ORG number:

**We confirm all current details in our database relating to this organisation have been verified as current and accurate.**

*Yes - please initial the boxes below and go to Section 11      No - please complete Section 10A & 10B*

Initialed on behalf of Employer:

Initialed on behalf of Primary ITO:

---

### Section 10A

District Council:

Dairy supplier and supply number *(for dairy farms only)*:

#### Workplace/site location

Number:

Street name:

RD:

Suburb:

City/town:

Postcode:

---

### Section 10B

#### Workplace Primary Contact

**Is the Workplace Primary Contact the same as the Employer Primary Contact?**

*Yes - please go to Section 11      No - please complete Section 10B*

First name:

Surname:

Mobile:

Phone:

Email:



Any amendments to sections identified with a pen icon, must have learner, employer and PITO reps initials beside the changes.

## 11. Terms and Conditions

**Privacy statement:** Information in this training agreement is shared with government agencies and used for ITO business purposes as set out on the enrolment information sheet. Information from the Literacy and Numeracy Assessment for Adults online tool will only be disclosed and/or used to provide support to the Learner and Employer where deemed necessary by Primary ITO. Primary ITO collects and stores information from this form in accordance with the Privacy Act 2020 and the Education Act 2020.

**Fees:** The Employer and/or Learner agree to pay any fees that will be charged as per the programme enrolment.

Invoices for training fees will be issued to the person who has agreed to be invoiced for the training as recorded on the programme enrolment form. Invoices are due and payable 10 days from date of invoice. Non-payment of fees will result in unit standard credits not being reported to NZQA. Enrolments in further programmes may not be accepted and debt recovery action may be taken.

If you are sent a final reminder letter by us for an overdue account, and you do not pay the account owing within 7 days from the date of our letter, you agree to us passing your account on to our debt collection agency, and paying for any expenses, disbursements, legal, and collection costs incurred. You also agree that we can provide our debt collection agency with your personal information.

**Cancellations:** Primary ITO reserves the right to cancel programmes from offer. If a programme is cancelled, fees will be refunded in full or transferred to another programme.

**Withdrawals:** If you paid your fee to Primary ITO and withdraw from a programme you may be eligible for a partial credit or fee refund, provided Primary ITO has received a written withdrawal request. The amount that will be credited or refunded depends on when the request is received (see refund dates below). You can withdraw from your programme if your personal circumstances change. Please talk to your Training Adviser about your reasons. There may be a way we can help you continue or we can put your training on hold for a while.

**Transfers:** Your Training Adviser may recommend that you transfer from one programme to another. Fees may be transferred for an approved programme transfer.

**Termination:** This Training Agreement will cease if Learner or Apprentice status changes as set out on the enrolment information sheet.

**Withdrawal Refund Eligibility:** If you paid your fee to Primary ITO and withdraw in the first 60 days of your programme a refund will be made to the person who paid the invoice: Within 30 days of invoice: 100%, less \$50 administrative fee and cost of resources (if applicable). Between 31 and 60 days from invoice: 50%, less \$50 administrative fee and cost of resources (if applicable). Over 60 days from date of invoice: no refund.

**For a full copy of our Enrolment Policy, Terms and Conditions of this Enrolment, please visit [www.primaryito.ac.nz](http://www.primaryito.ac.nz)**





## 12. Learner signature

### By signing this document, you agree to the following terms:

- I agree to participate in training or study as required, learn the skills to the best of my ability, and undertake assessment to meet the requirements of the programme.
- I have read the privacy statement and understand that Primary ITO may give information about NZQA Record of Achievement and/or my training progress to my Employer to help guide Enrolment decisions.
- I agree to complete work at a consistent credit achievement rate, and achieve a minimum of 10 credits in a calendar year in which I have been studying for a minimum of 90 days.
- I understand that any sustained inability to meet reasonable credit achievement milestones of my programme may result in withdrawal.
- I agree to supply all my own evidence in assessments.
- I agree to take part in the Literacy/Numeracy assessment programme if required.
- I have read and understood the [Code of Practice](#) for New Zealand Apprentices and accept my obligations as an Apprentice (only required if enrolling into an NZA programme)
- I have read and understood the [terms and conditions](#).

Signature:

Date: (DD/MM/YYYY)

/ /

### If the learner is under 18 years, this section must be completed by the learners parent or legal guardian:

#### By signing this section, I agree to the following terms:

- I am authorised to sign this agreement on behalf of the learner.
- I undertake to support this learner for the duration of the training programme.
- I agree to pay any outstanding fees associated with this training programme which would normally be the responsibility of the learner.

First name:

Surname:

Mobile:

Email:

Signature:

Date: (DD/MM/YYYY)

/ /



## 13. Employer signature

### By signing this document, you agree to the following terms:

- I agree to allow the learner to attend training or to study as required, to provide training to the learner and allow the learner access to formal assessment.
- I confirm that the workplace/site is compliant with the Health and Safety at Work Act.
- I accept that Primary ITO does not expect staff to be at a workplace/site in which they feel unsafe and supports their right in that circumstance to stop, or refuse to carry out work at that premises.
- I have read the [Code of Practice](#) for New Zealand Apprentices and understand, agree and accept my obligations, filling the role of employer and supporting an NZA (only required if enrolling into an NZA programme).
- I have read and understood the [terms and conditions](#).

First name:

Surname:

Position:

Signature:

Date: (DD/MM/YYYY)

/ /



Any amendments to sections identified with a pen icon, must have learner, employer and PITO reps initials beside the changes.

### 14. Primary ITO signature

I confirm this learner meets TECs eligibility requirements for government funded industry training.

First name:

Surname:

Signature:

Date: (DD/MM/YYYY)

/ /

### 15A. Programme enrolment

Programme name:

Programme code:

P	R	-
---	---	---

Industry sector:

Industry sub-sector:

Contexts/Strands:



### Section 15B

Programme start date: (DD/MM/YYYY)

/ /

TAG transfer start date (if applicable): (DD/MM/YYYY)

/ /



### 16. Verifier

**Is the Verifier Contact the same as the Workplace Primary Contact?**

*The Verifier Contact is needed for Mahi Tahī programmes.*

Yes - please go to Section 17

No - please complete Section 16

Not Applicable

First name:

Surname:

Number:

Street name:

RD:

Suburb:

City/town:

Postcode:

Mobile:

Work phone:

Email:

### 17. Course enrolment

**Do you require the Enrolments team to complete a Course enrolment?**

Yes - please complete Section 17

No - please go to Section 18

Course name:

Course code:

## 18. Assessor

### Does this programme require an Independent Assessor Connection?

Yes - please provide name of Independent Assessor

No - please go to Section 19



## 19. Payment details

### Does Primary ITO require a fee or residual fee to be paid?

Yes - please complete Section 19    No - Thank You. This form is now fully completed

Total programme cost:

Invoice contains fee for    Chainsaw    Vehicles    Growsafe    Shearing

### Who should be invoiced for the remaining fee?

Employer    Fees Free with evidence (Please note an invoice will be issued until evidence of Fees Free eligibility is provided).

Learner    Third party - Please complete Section 20

**Initial:** Learner:     Employer:     Training Advisor:

## 20. Third party contact details (if applicable)

Third party name: \_\_\_\_\_ Email address: \_\_\_\_\_

### Mailing address

Number: \_\_\_\_\_ Street name: \_\_\_\_\_ RD: \_\_\_\_\_

Suburb: \_\_\_\_\_ City/town: \_\_\_\_\_ Postcode: \_\_\_\_\_



## 21. Payment type

Direct debit\*    Farmlands/CRT    Ruralco/ATS

Cardholder's name: \_\_\_\_\_ Farmlands shareholder number: \_\_\_\_\_ Ruralco/ATS number: \_\_\_\_\_

Farmlands/CRT number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

/

Card holder signature: \_\_\_\_\_ Employer Purchase Order, if required: \_\_\_\_\_

If you would like to pay your invoice by credit card, please contact our Finance team on receipt of your statement.

\*Additional direct debit form must be completed. Please note: \$50.00 administration fee

**Thank you. This form is now fully completed.**