




Department of Natural Resources and Environment Tasmania

Office of Racing Integrity

Prospect Government Offices, 171 Westbury Road, Prospect 7250
All mail addressed to: PO Box 1329, Launceston 7250
Telephone: (03) 6777 1900 Fax: (03) 6777 5148
Email: operations@racingintegrity.tas.gov.au



X = SIGNATURE REQUIRED. To apply a digital signature to this form either:
(1) Use the "Sign Document" tool  OR (2) Select "Fill & Sign" from the menu.

Visiting Apprentice Application

PLEASE NOTE

Prior to riding in trackwork, trials and/or races in Tasmania Visiting Apprentice Jockeys must provide a letter from the Apprentice's Master acknowledging consent for the Apprentice to ride in Tasmania on a particular day. A Visiting Apprentice Jockey will only be granted permission to undertake riding duties in Tasmania for a 48 hour period unless application is made for permission to extend that time to participate in trackwork or trials.

Personal Details

TITLE: FIRST OR GIVEN NAMES: SURNAME:

DATE OF BIRTH: PLACE OF BIRTH: PREFERRED NAME: RIDING WEIGHT (KGS):

PHONE NO. MOBILE: EMAIL:

RESIDENTIAL ADDRESS: SUBURB: STATE: POSTCODE:

POSTAL ADDRESS: SUBURB: STATE: POSTCODE:

NAME OF MASTER: PHONE NO. MOBILE:

Are you currently under any disqualification, suspension or any other disability imposed by any Racing authority? Yes No

If yes please supply details:

Do you give ORI permission to release your address and/or telephone numbers? Yes No

Visiting Apprentice Application

Are you a member of the Jockeys Association? Yes No

If yes please supply details: Member number: State:

Have you completed a Concussion Test this season? Yes No

I certify that to the best of my knowledge and belief the particulars as outlined in this application are true and correct. I also declare that I understand that it is a serious offence under the Rules to make a false declaration and that the failure to accurately answer these questions may lead to this application being refused. I agree that I am bound by Tasracing's Conditions of Entry (www.tasracing.com.au/conditions-of-entry) and Track Rules (www.tasracingcorporate.com.au/wp-content/uploads/2012/11/TASRACING-TSD0057-Thoroughbred-Track-Rules.pdf) as set down from time to time by Tasracing at both training and racing venues.

SIGNATURE:

X

DATE:

Personal Information Protection Statement

You are providing personal information to the Office of Racing Integrity, Tasmania (ORI), which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by ORI for the purpose of processing your application for a licence and/or registration and associated purposes, pursuant to the *Racing Regulation Act 2004*, associated legislation and the Rules of Racing as adopted by Tasracing from time to time. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of Tasracing, Tasmanian race clubs, law enforcement agencies, courts and other organisations authorised to collect it. Your basic personal information may be disclosed to other public sector bodies where necessary, for the efficient storage and use of the information. You have the right to access your personal information by request to ORI and you may be charged a fee for this service.

OFFICE USE ONLY

APPROVED DATE: DATE APPROVED:

Next of Kin & Emergency Medical Details

Please include three (3) emergency contacts (close friends or relatives) and complete this form as accurately as possible. The information contained on this form may be made available to ambulance and medical staff in the event of injuries sustained whilst pursuing duties as a Jockey, Apprentice Jockey or Trial Rider. The original will be held on your personal file in the Office of Racing Integrity, Tasmania.

Your Details

SURNAME:	GIVEN NAMES:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contacts

Next Of Kin 1

NAME:	RELATIONSHIP:	PHONE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Next Of Kin 2

NAME:	RELATIONSHIP:	PHONE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Next Of Kin 3

NAME:	RELATIONSHIP:	PHONE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Medical Information

(Attach separate sheet if necessary)

CURRENT MEDICATION

ALLERGIES:

Are you a Smoker? Yes No How many per day?

Date of last Tetanus injection:

PLEASE LIST ANY PREVIOUS SIGNIFICANT ILLNESS OR INJURY:

Jockey Declaration Regarding Betting

Jockey Declaration

Declaration under the Oaths Act.

I (Name) (Occupation)
of (Address)

Licensed Jockey, declare that:

1. During the period 1 July 2022 to 30 June 2023 (inclusive), I did not:
 - a. Have a bet on any thoroughbred race in Australia or overseas;
 - b. Facilitate (including by arranging or organising) the making of a bet on any thoroughbred race in Australia or overseas; or
 - c. Have any interest in a bet on any thoroughbred race in Australia or overseas.
2. During the period 1 July 2022 to 30 June 2023 (inclusive), I did not:
 - a. Have a bet on any contingency relating to thoroughbred racing (including, but not limited to, any exotic bet, jockey challenge bet, or multi bet) in Australia or overseas;
 - b. Facilitate (including by arranging or organising) the making of a bet on any contingency relating to thoroughbred racing (including, but not limited to, any exotic bet, jockey challenge bet, or multi bet) in Australia or overseas; or
 - c. Have any interest in a bet on any contingency relating to thoroughbred racing (including, but not limited to, any exotic bet, jockey challenge bet, or multi bet), in Australia or overseas.

I confirm that this declaration is true and correct and I make it in the knowledge and belief that a person licensed under the Rules of Racing who makes a false or misleading statement or declaration in respect of any matter in connection with the administration or control of racing is liable to be penalised under AR.229(1)(h).

DECLARED AT (SUBURB/TOWN): IN THE STATE OF: ON:

SIGNATURE OF LICENSED JOCKEY MAKING DECLARATION:

BEFORE ME (SIGNATURE OF WITNESS):

PRINT FULL NAME OF WITNESS:

NOTE

The jockey must sign this declaration in the presence of a witness. A witness must **not be** a family member of the jockey, or a person licensed or registered under the Rules of Racing.