

(HARNESS)

APPLICATION FOR LICENCE 2011/12

FORM 2E (R90-A)

IMPORTANT INFORMATION

Racing Queensland Limited (RQL) is collecting the information on this form to assess whether you are eligible for a licence. This is authorised by the Racing Act 2002. RQL may give some or all of this information to the Queensland Police Service.

Indicate which licence types you are applying for by ticking the box(es):

- | | | |
|--|--|---|
| <input type="checkbox"/> Trainer A Grade (open) | <input type="checkbox"/> Driver A Grade (metropolitan) | <input type="checkbox"/> Driver C Grade (trial) |
| <input type="checkbox"/> Trainer B Grade (owner/trainer) | <input type="checkbox"/> Driver B Grade (country) | <input type="checkbox"/> Stablehand |

Licence Fees					
Grade A Trainer / A Driver	\$595.00	Grade B Trainer / A Driver	\$595.00	Grade A Driver	\$470.00
Grade A Trainer / B Driver	\$575.00	Grade B Trainer / B Driver	\$575.00	Grade B Driver	\$465.00
Grade A Trainer / C Driver	\$555.00	Grade B Trainer / C Driver	\$555.00	Grade C Driver	\$460.00
				Stablehand	\$205.00
				Stablehand (Under 23 or over 75)	\$95.00

CREDIT CARD PAYMENT

Card Type (circle one): VISA MASTERCARD

Card Number: ____ / ____ / ____ / ____

Expiry Date: ____ / ____

Amount of Payment: \$ _____

Name On Card: _____

Signature: _____

CHECKLIST

This application must be lodged with all necessary attachments, otherwise it cannot be processed. Fill out the following checklist to ensure your application is complete.

YES

- | | |
|--|--------------------------|
| * All questions have been answered | <input type="checkbox"/> |
| * I have signed & dated the application | <input type="checkbox"/> |
| * National Police Certificate attached | <input type="checkbox"/> |
| * Medical Certificate completed by doctor attached | <input type="checkbox"/> |
| * Medical Certificate completed by me attached | <input type="checkbox"/> |
| * Passport photos attached | <input type="checkbox"/> |
| * Extract of birth certificate or copy of
motor vehicle driver's licence attached | <input type="checkbox"/> |
| * Payment enclosed | <input type="checkbox"/> |

Section 1 - DETAILS

Surname:	Given Names:
Preferred name: <small>(for facebook/formguide purposes)</small>	
Date of birth:	Place of birth: <small>(town, state and country if applicable)</small>
Residential Address:P/code.....	Postal Address:P/code.....
Home Phone:	Fax:
Mobile:	Email:

Section 2 - BANKING DETAILS

Are you an Australian resident for taxation purposes? ☐ YES ☐ NO

What is your GST status? ☐ Hobbyist ☐ GST Registered **ABN:**

Bank Account Details

Name of bank:	BSB:
Name of account:	Account number:

Section 3 - EMPLOYMENT DETAILS

What is your employment status?

☐ Unemployed ☐ Employed ☐ Self-employed ☐ Retired

Occupation:	Name of Employer:
Address of Employer:	

Section 4 - IDENTIFICATION

RQL requires a current passport sized photo of you for your licence. Have you attached an appropriate photo?

☐ YES (go to next question) ☐ NO - Attach two current passport sized photos

RQL requires a certified extract of a Birth Certificate or copy of a current motor vehicle driver's licence. Have you attached one of these?

☐ YES (go to next question) ☐ NO - Attach one of the items required

Section 5 - LICENSING QUESTIONS

* Have you ever held a licence with any racing authority?

☐ YES (Give details below) ☐ NO

* Have you ever been refused a licence by any racing authority?

☐ YES (Give details below) ☐ NO

* **Have you ever been disqualified by any racing authority?**

☐ YES (Give details below)

☐ NO

* **Have you held a licence with Racing Queensland Limited in the past five years?**

☐ YES (go to next question)

☐ NO - You must lodge a National Police Certificate. This can be obtained from any Queensland police station. You must apply in person and take sufficient identification with you (i.e. driver's licence, Medicare card). Is your certificate attached?

* **Have you ever been prosecuted for a criminal offence and appeared in a court of law as a result?**

☐ YES (Give details below)

☐ NO

* **Have you successfully completed a training course approved by RQL (if applying for a trainer or a driver licence and not previously held this type of licence)?**

☐ YES (Give details below)

☐ NO

* **Do you have any physical disability that may affect your licence?**

☐ YES (Give details below)

☐ NO

Section 6 - LICENSING DETAILS

Are you applying for a driver licence?

☐ NO (go to next question)

☐ YES - You must undergo a compulsory medical examination and have it certified by the relevant medical practitioner. Is your certificate attached?

If you are you applying for a stablehand or trainer licence, have you submitted a compulsory medical examination in the past five years (contact RQL to confirm)?

☐ YES (go to next question)

☐ NO - You must undergo a compulsory medical examination and have it certified by the relevant medical practitioner. Is your certificate attached?

Trainers only

Provide the owner details and address of the stables that you train from:

Owner's Name:	Stable Address:
Postal Address:P/code.....
.....P/code.....	
Nearest training track (not home track):	
Nearest racing track:	

Provide the names of all stablehands who are likely to work for you:

.....

Stablehands only

Provide the names of all trainers you are likely to work for:

.....

Section 7 – PRIVACY POLICY

RQL will not provide your contact details to any third party without your written approval. By ticking the relevant boxes below you are giving RQL the authority to disclose your personal details to interested parties.

Mobile Phone

☐

Home Phone

☐

Address

☐**Section 8 - MEDICAL DETAILS**

RQL requires certain medical information from you for use in case of emergency. Please provide the name and contact details of the person to be contacted in the case of an emergency and list other information:

Emergency Medical Information

Contact Person (name):

Contact Phone:

Contact Mobile:

Current Relevant Medical Conditions:

Current Relevant Medications:

Known Allergies:

Last Tetanus Injection:

Do You Smoke:

How many cigarettes per day:

Significant Previous Injury or Illness:

Section 10 – DECLARATION & SIGNATURE

I hereby declare and acknowledge that:

- 1 All answers provided in this application are true and correct;
- 2 I understand that it is a serious offence under the Rules of Harness Racing to make a false declaration and/or provide false and misleading information to RQL;
- 3 I will comply at all times with the Rules of Harness Racing all applicable laws in force from time to time;
- 4 I undertake to advise RQL if any of my particulars change during the season;
- 5 RQL will deduct any money owing by me to RQL from prizemoney payable to me;
- 6 The emergency medical information may be provided to ambulance and medical staff in the event of injuries sustained while undertaking harness racing activities;
- 7 RQL may provide my contact details to other parties in accordance with my responses to the Privacy Policy.

Signature: **Date:**

This form, together with all attachments and the appropriate fee, should be completed and sent to:

Racing Queensland Limited
PO Box 63
Sandgate Qld 4017

(HARNESS) COMPULSORY MEDICAL EXAMINATION - APPLICANT FORM 3E (R90-A)

TO BE COMPLETED BY APPLICANT & MUST ACCOMPANY LICENCE APPLICATION

IMPORTANT INFORMATION

Racing Queensland Limited (RQL) is collecting the information on this form to assess whether you are eligible for a licence. This is authorised by the Racing Act 2002. This certificate must be lodged with your application for licence.

1 Your full name

2 Your current weight and height:

Weight:	kg	Height:	cm
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3 Have you any defect in your sight?

NO ☐ **Go to question 4**

YES ☐ What defect?

4 Are you presently receiving medical treatment?

NO ☐ **Go to question 5**

YES ☐ For what condition?

5 Are you, or have you ever been, in receipt of a sickness benefit or Workers Compensation payment?

NO ☐

YES ☐

6 Have you any physical defects that may affect your application for a licence?

NO ☐ **Go to question 7**

YES ☐ Give details

7 Have you ever suffered from:

High blood pressure	YES <input type="checkbox"/> NO <input type="checkbox"/>	Tuberculosis	YES <input type="checkbox"/> NO <input type="checkbox"/>
Blood in urine or faeces	YES <input type="checkbox"/> NO <input type="checkbox"/>	Digestion or stomach disorders	YES <input type="checkbox"/> NO <input type="checkbox"/>
Chronic cough or sputum	YES <input type="checkbox"/> NO <input type="checkbox"/>	Frequent diarrhoea or dysentery	YES <input type="checkbox"/> NO <input type="checkbox"/>
Epilepsy or fits	YES <input type="checkbox"/> NO <input type="checkbox"/>	Deafness or discharging ear	YES <input type="checkbox"/> NO <input type="checkbox"/>
Heart disease or weak heart	YES <input type="checkbox"/> NO <input type="checkbox"/>	Asthma or severe hayfever	YES <input type="checkbox"/> NO <input type="checkbox"/>
Shortness of breath or dizziness	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/>
Swelling of ankles	YES <input type="checkbox"/> NO <input type="checkbox"/>	Frequent headache or migraine	YES <input type="checkbox"/> NO <input type="checkbox"/>
Rheumatic fever, rheumatism or joint pain	YES <input type="checkbox"/> NO <input type="checkbox"/>	Mental illness or nervous breakdown	YES <input type="checkbox"/> NO <input type="checkbox"/>

8 Have you had any other previous medical condition?

NO ☐ **Go to question 9**

YES ☐ Give details

9 I declare that all answers provided in this certificate are true and I will advise RQL of any change to my medical condition.

Signature: **Date:**