



**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

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

**APPLICATION FOR  
 CLASS C RIDER'S LICENCE  
 (PROBATIONER'S LICENCE)  
 WITH A VIEW TO APPRENTICESHIP**

**Fee \$170**

Fees are GST inclusive  
 GST No. 10-386-896

YOUR PERSONAL DETAILS	
1.	Title (Mr/Mrs/Miss/Ms)
2.	Surname
3.	Given Names (in full)
4.	Date of Birth / Place of Birth
5.	Nationality
6.	For statistical purposes, are you identified as:
	<input type="checkbox"/> European <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (Please mark with an X)
7.	Residential Address
	Postcode
8.	Postal Address
	Postcode
9.	Home Phone
10.	Mobile Phone
11.	Email Address
13.	Facsimile Number
14.	Weight (in kg)

EDUCATION DETAILS	
15.	Name of School attended
16.	NZQA Hook On Number
17.	Standard of Education Passed
	<input type="checkbox"/> None <input type="checkbox"/> Year 11 (or at least 12 NZQA credits at Level 1)
	<input type="checkbox"/> Year 12 (or at least 12 NZQA credits at Level 2) <input type="checkbox"/> Year 13 (or at least 12 NZQA credits at Level 3)
	<input type="checkbox"/> Tertiary qualification at sub degree level <input type="checkbox"/> Tertiary qualification at degree level
18.	Standard of Written English
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
19.	Standard of Oral English
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

CRIMINAL HISTORY	
20.	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.
21.	Have you ever been charged with any offence relating to cruelty to animals? "Yes" or "No". If "Yes", provide full details.

LICENCE HISTORY	
22.	Have you previously held any licence in New Zealand including Harness and Greyhound control bodies? "Yes" or "No". If "Yes", provide full details.
23.	Have you previously held any licence in any overseas racing jurisdiction including Harness and Greyhound control bodies? "YES" or "NO" If "YES", please provide details.

24.	Have you ever had a licence disqualified, revoked, suspended, withdrawn or refused by any Racing Authority? "Yes" or "No". If "Yes", provide full details.	
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LEGAL GUARDIAN (If under 18 years of age)		
25.	Full Name	
26.	Relationship to Applicant	
27.	Residential Address	
		Postcode <input type="text"/>
28.	Home Phone / Mobile Phone	

HEALTH AND SAFETY
<p>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.</p> <p>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.</p> <p>Most Jockeys 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: <a href="https://www.nzracing.co.nz/NZTR/Resources/Health-and-Safety.aspx">https://www.nzracing.co.nz/NZTR/Resources/Health-and-Safety.aspx</a>.</p> <p>By signing this form I undertake to NZTR that:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• I will carry out my obligations under the Health and Safety at Work Act 2015;</li> <li>• I will cooperate absolutely with any health and safety investigation conducted by the RIU, NZTR or WorkSafe;</li> <li>• 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;</li> <li>• I will comply with any health and safety policies at any racing venue;</li> </ul> <p>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.</p>

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 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.</p> <p>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 (<a href="mailto:office@nzracing.co.nz">office@nzracing.co.nz</a>) or by letter to the above address.</p> <p>If you do <b>not</b> 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. <input type="checkbox"/></p>

CREDIT CHECKING
<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>

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 [www.nzracing.co.nz](http://www.nzracing.co.nz).



# 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			
4 Abdominal / bowel / liver problem			
5 Kidney or bladder			
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			
4 Gastro-intestinal			
5 Kidney or bladder			
6 (Women) gynaecological problem			
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		Surname	
Date		<u>NZMC No.</u>	

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 a 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](mailto:licensing@nzracing.co.nz)  
Fax: 04 568 8866

Licensing contact for enquiries: 04 576 6279

