

C16: 12-04

APPLICATION FOR A GRANT FROM THE GENERAL TRUST FUND

This form should be completed on occasions of work related injury, non-work related injury, or serious illness by current Licensees of New Zealand Thoroughbred Racing:

- Licensed Jockeys and Apprentice Jockeys;
- Licensed Trainers;
- Licensed Stablehands;
- Employers of Apprentices and Stablehands.

I, _____ apply to the General Trust Fund for a grant in respect of:

Loss of earnings during first week of incapacity in connection with the injury accident which happened to me/my employee (delete where not appropriate).

Financial Hardship grant where I have been unable to work due to the serious nature of my injury or illness of \$ for the following:

- _____
- _____
- _____

(Note: for Hardship grants, Appendix A must be completed)

Place where injury incident occurred?

Date of injury incident or when the serious illness was diagnosed (if applicable)?

Brief details of the injury incident or serious illness?

Signed: _____

Address: _____

Bank Account: _____

Date: _____

Checklist:

NZTR authorised person sign off

Medical Certificate attached

Any payment made by the Trustees from the General Trust Fund does not represent any admission of liability of the General Trust Fund, NZTR and/or the NZTR member clubs (including any of the agents or employees of NZTR or such clubs). By accepting a payment, the licensee agrees that the payment made by the Trustees on behalf of the General Trust Fund, NZTR and/or the NZTR member clubs (including any of the agents or employees of NZTR or such clubs), is in full and final settlement of any and all of the licensee's rights against the General Trust Fund, NZTR and the NZTR member clubs (including any of the agents or employees of NZTR or such clubs) in relation to the matter in question.

Please submit completed form to: office@nztr.co.nz

Appendix A: Application to the General Trust Fund for financial hardship

For applications to the General Trust Fund for hardship grants are to be supported by the following documentation:

- Documentation from ACC (claim letter, payment summary)
- Supporting documents for additional costs during recovery phase
- Medical Certificate or A&E admission
- Any other documentation to support the funding request

Hardship Budget Estimates:

Income – list income received during recovery phase	Describe the nature of the income - i.e. period of cover	\$
ACC		\$
Employment – will your employer top up your ACC entitlement with sick leave allowance?		\$
Other		\$
Total income during recovery phase	(Total A)	\$
Expenses – list of additional expenses during recovery phase		
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
Total additional expense during recovery phase	(Total B)	\$
Funding requested to support recovery	(Total A – Total B)	\$