

# TRAINER'S APPLICATION

REGISTRATION/RENEWAL  
1 AUG 2020 TO 31 JULY 2021



RACINGS**A**

RA 2020/2021  
RACING S.A. LIMITED  
GPO Box 2646 ADELAIDE SA 5001  
E-Mail: [licensing@racingsa.com.au](mailto:licensing@racingsa.com.au)  
Website: [www.racingsa.com.au](http://www.racingsa.com.au)

CATEGORY OF LICENCE (tick one) TRAINERS <input type="checkbox"/> PERMIT <input type="checkbox"/> RESTRICTED TRAINER <input type="checkbox"/> PARTNERSHIP PERMIT <input type="checkbox"/> ASSISTANT TRAINER <input type="checkbox"/> <small>Please note: upgrades to licenses will not be accepted without prior consultation with Racing SA licensing department. It is a requirement that all trainers have completed RGR40108 Certificate IV in Racing (Racehorse Trainer)</small>	Renewal My 2018/2019 ID Number Was: Last six numbers:  _____
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Do you intend to ride Trackwork?  
YES  NO  If, YES you MUST supply a completed Racing SA Medical Report Form  
<https://www.racingsa.com.au/industry/licensing>

## SECTION 1: PERSONAL DETAILS

MR MRS MISS MS OTHER \_\_\_\_\_

GIVEN NAMES		SURNAME	
DATE OF BIRTH		PLACE OF BIRTH	
HOME PHONE		MOBILE	
WORK PHONE			
OCCUPATION		EMAIL	
RESIDENTIAL ADDRESS			

## SECTION 2: TRAINING LOCATION

STABLE ADDRESS	STREET: SUBURB: POSTCODE:		
HAVE YOU CHANGED STABLES IN THE PAST 12 MONTHS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	TRAINING LOCATION (TRACK)	
DO YOU RIDE TRACK WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, you would be required to provide a full medical	DO YOU SHARE STABLES?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who with; 1.  2.

## SECTION 3: PERSONAL AND LICENSE HISTORY

Have you ever been disqualified, suspended or refused a license by any Racing, Harness Racing or Greyhound Authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide details:
Are you presently under any disqualifications or any other disability with any Racing, Harness Racing or Greyhound Authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide details:
Have you ever been found guilty of a criminal offence or been placed on a Bond or recognizance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide details:
Are there any charges, criminal prosecution or civil proceedings against you now pending?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide details:
Have you in the last 10 years forfeited bail?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide details:

## SECTION 4: DECLARATIONS

### RULES OF RACING

I acknowledge that I am bound by the Rules of Racing of Racing, including any policy, code and/or regulations made pursuant to the Rules from time to time, and of any other Principal Racing Authority in which I perform Stable/Employee/Track Rider-related duties, and I agree to familiarise myself with these Rules, including the Rules relating to Stable Employees/Track Riders and amendments made to these Rules from time to time.

Yes, I acknowledge



NATIONAL POLICE RECORD CERTIFICATE

In circumstances where Racing SA Licensing Panel sees fit, I consent to obtaining a National Police Record Certificate and providing it to the Racing SA Licensing Panel

Yes, I acknowledge

CRIMINAL CHARGES

After submitting this Application, I acknowledge that I must inform Racing SA Licensing Panel of any criminal charges laid against me within seven days of any charges being laid. Updates must be sent by email to - [licensing@racingsa.com.au](mailto:licensing@racingsa.com.au)


Yes, I acknowledge

SECTION 5: QUESTIONNAIRE

Who is responsible for the horses in your absence (main)?	
Please list all individuals or practices who provide Veterinary services to your stable:	1. 2. 3.
Who is your stable Farrier/s?	1. 2.
Who is your Pre Trainer/ Breaker?	1. 2.

SECTION 6: FINANCIAL DETAILS

If you are registered for GST and do not have an ABN, Racing S.A. Limited will be required to deduct withholding tax from stake money payments at the top marginal taxation rate (which as at 31 May 2014 is 46.5%) unless you declare that your racing operations are of a hobby nature.	
What is your Australian Business Number (ABN)? If you do not have an ABN, please indicate if you are a "hobbyist" as this term is understood in GST legislation.	ABN _____ Are you registered for GST YES / NO Are you a hobbyist YES / NO
Please provide details of the bank account which you would like Racing SA to pay prizemoney in to: Bank; Name of account (eg J Smith); BSB (Branch Number); Account Number.	
NOTE: TRAINERS ARE REQUIRED TO HAVE A CURRENT PUBLIC LIABILITY COVER FOR A MINIMUM AMOUNT OF \$20,000,000 AS REQUIRED FROM TIME TO TIME BY THE BOARD AND BE REGISTERED AS AN EMPLOYER WITH WORKCOVER.	
PUBLIC LIABILITY INSURANCE	ATA YES / NO
Name of Insurance Company:	



(if covered other than ATA Scheme)

Policy Number:

Expiry Date: (must cover Racing Season)


## SECTION 7: CONDITON OF LICENSE

In the event of such Licence being granted, I agree:

1. To observe and be bound by the Australian Rules of Racing, the Local Rules and policies of Racing SA Limited (collectively, the Rules) and the regulations and policies of any Registered Club in force from time to time during the currency of such licence.
2. To observe and be bound by such directions as may from time to time be made or given by the Committee, Stewards or officials of the Principal Racing Authority or any Registered Clubs.
3. That the License may be revoked at any time by the Principal Racing Authority without the giving of any reason in accordance with the Rules.
4. That neither the Principal Racing Authority nor any Registered Club gives any warranty as to the suitability and/or safety of the premises, track and training or other facilities owned or occupied by any Registered Club or other entity connected with thoroughbred horse racing, and that I must at all times satisfy myself as to the fact that such premises, track, training or other facilities are appropriate, fit for purpose and without obvious defect.
5. Not to make any public statement or comment concerning any matter currently the subject of investigation or hearing by, or before the Board of the Principal Racing Authority, the Stewards, a Committee or Appeals Tribunal or other body authorised by each.
6. That I will, on request, permit the Stewards to enter and inspect my property and to exercise their powers under the provisions of the Rules.
7. That I shall not be exempted from personal liability arising under the Rules for or by any reason whatsoever.
8. To, as directed by the Stewards, provide any sample either prior or subsequent to riding in any trackwork for the purposes of detecting in my system any substance prohibited under the Rules of Racing.
9. To adhere to the 'Horse Training Industry Award'.
10. That I will make written application and obtain approval from Racing SA Limited before stabling any horse in my care at any address other than at my registered stable premises.
11. That I will abide by any direction for medical treatment by the racecourse safety supervisor or official.
12. I acknowledge that I may be requested to provide a sample that will be witnessed in full by stewards or any other person delegated by the stewards.

## PRIVACY AND THE USE, COLLECTION AND DISCLOSURE OF YOUR PERSONAL INFORMATION

The Principal Racing Authority collects information about you when you submit this Application and in the course of related enquiries made of third parties. The Principal Racing Authority will use that information to assess your application and, if registration is approved, your ongoing status as a licensed person. To do that the Principal Racing Authority may disclose your information to other racing bodies. You do not have to supply the information requested in this application, but if the information (or any part of it) is not provided, your application may be rejected. You can gain access, and request that corrections be made, to information held about you by the Principal Racing Authority. By completing and submitting this application, you authorise the Principal Racing Authority to collect, use and disclose information about you for the purposes described in this notice, including the usual publication of such information in race books, racing calendars and other publications that can include (but are not limited to) websites. I agree that Racing SA Limited will own all intellectual property in the information I submit with



and in connection with this application, for the granting and future maintenance of the Licence. I hereby assign to Racing SA Limited (and warrant that I am authorised to provide and assign) all such intellectual property and information and acknowledge that Racing SA Limited may use (including by collating, modifying, publishing and distributing) all such intellectual property and information as it sees fit

Note: For Licensed Persons this information relates to the usual publication of material in race books, racing calendars, publications and websites etc. Any information outside this standard will not be released by Racing SA Limited without the written permission of the licensed person.

When the licensee is GST registered, the following agreement is given:

- The recipient may issue tax invoices in respect of the specified supplies
- The supplier will not issue tax invoices in respect to those supplies
- The supplier acknowledges that it is registered when it enters into the agreement and that it will notify the recipient if it ceases to be registered
- The recipient acknowledges that it is registered when it enters into the agreement and that it will notify the supplier if it ceases to be registered

#### SECTION 8: SIGNATURE

Please note - AR 278

(1) Subject to subrule (2), if a licensed person is disqualified, that person's licence immediately ceases and becomes void, and the person must make application to a PRA to be relicensed in order to be granted a new licence.

(2) For the duration of a period of disqualification, a disqualified person is and remains bound by, and subject to, the Rules 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 of Racing to make a false declaration and failure to accurately answer these questions may lead to this application being refused.

Signature of Applicant	
Name	
Date	



SECTION 9: PAYMENT

CASH  CHEQUE  DIRECT DEBIT

If paying by Direct Debit, please include your Invoice Number. ACC NAME: Racing SA Limited	BANK: Bank SA	BSB: 105-900	ACCOUNT NUMBER: 130202640
PLEASE TICK IF YOU REQUIRE AN INVOICE <input type="checkbox"/>			

Credit card payments - Phone (08) 8179 9812 - Phone (08) 8179 9824

ALL QUESTIONS MUST BE COMPLETED - INCOMPLETE FORMS WILL NOT BE PROCESSED

ADMINISTRATIVE USE ONLY:

Date Received	Amount Paid	Pass Posted

Category of trainer fees:

Licensed Trainer \$1445.00

Permit to Train \$1189.50

Owner/ Trainer \$924.50

Partnership (2nd Person) \$455.00

Assistant Trainer \$394.50

