

2023/24 LICENSING SEASON - APPLICATION FOR A TRAINER, DRIVER OR STABLEHAND LICENCE

Harness Racing SA Ltd, PO Box 1112, Gawler SA 5118 Email: saharness@saharness.org.au



Please indicate if this application is for:

- A new licence
- Re-applying (previous licence lapsed)
- Licence Upgrade

LICENCE #: _____

CUSTOMER CODE: _____

FOR OFFICE USE ONLY – INITIAL.	
LICENCE INVOICE #	
INITIAL & DATE	
PAYMENT FINALISED	Direct Bank Deposit Credit
FULL PAYMENT	2 EQUAL PAYMENTS Authorisation lodged
CARD SENT - DATE	

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

TRAINER	<input type="checkbox"/> A GRADE <input type="checkbox"/> B GRADE	<i>For Trainers licence - complete Sections 1, 2, 3, 4, 5, 7 & 8</i>
DRIVER	<input type="checkbox"/> A GRADE <input type="checkbox"/> B GRADE <input type="checkbox"/> C GRADE	<i>For Drivers licence - complete Sections 1, 2, 3, 4, 5, 8 + Medical Form & Drivers Superannuation Form</i>
STABLEHAND	<input type="checkbox"/> Stablehand	<i>For Stablehand licence - complete Sections 1, 2, 3, 4, 5, 6, & 8</i>

Section 1 – YOUR PERSONAL DETAILS

Surname:	Given Names:
Preferred Name: (for facebook/form purposes)	
Date of birth:	Place of birth (town, state, country)
Residential Address:	Postal Address:
Home Phone:	Mobile:
Email:	

Section 2 – NOMINATED CONTACT PERSON

This information is collected to enable HRSA to contact a person nominated by you in the event of an accident or emergency.

Nominated Contact Person:	Person's relationship to you:
Best Contact Number:	

Section 3 – BANKING DETAILS

Please provide the details of the bank account you would like HRSA to pay prizemoney into:

Name of Bank:	BSB:
Name of Account:	Account number:

Section 4 – PREVIOUS LICENCES

Have you previously held a licence issued by an interstate or overseas Controlling Body such as:

NO
 YES

If Yes, please list type of licence held, which Controlling Body, dates held and reason for licence ceasing.

- HRNSW/VIC/QLD/TAS/WA
- Harness Racing New Zealand
- Thoroughbred or Greyhound Controlling Bodies

Section 5 – CRIMINAL HISTORY

As part of the licencing process, HRSA may require an applicant to obtain a National Police Clearance (NPC). A prior criminal history does not prevent a person from obtaining a licence, but any prior convictions are taken into account when deciding whether an applicant is a fit and proper person to be involved in harness racing in South Australia.

<p>Do you have any prior criminal convictions or charges including guilty pleas without conviction? If yes, please outline the circumstances surrounding your charges or convictions</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES	<p><i>If yes, provide details here:</i></p>
<p>Are you currently facing a charge for any offence anywhere in Australia or overseas? If yes, please advise the nature of the charge, the Court location and next remand or hearing date</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES	<p><i>If yes, provide details here:</i></p>
<p>Have you ever been charged with any offence relating to cruelty to animals? If yes, please outline the nature of the charge and the outcome of the matter.</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES	<p><i>If yes, provide details here:</i></p>

Section 6 - STABLEHANDS TO COMPLETE THIS SECTION (COMPULSORY)

You may be required to undertake a practical assessment known as a Basic Horsemanship Exam (BHE)

What is the name of the trainer you will assist?	
Your Trainer must sign to indicate they agree to instruct and supervise you.	Trainer signature.....

Section 7 – MEDICAL DETAILS (Trainers)

Persons granted a licence as a trainer must have a general fitness level which would allow them to work with horses and/or perform track work which can place considerable physical strain on the body.

Your current weight and height:	Weight: _____	Height: _____
Are you currently receiving medical treatment or medication for any condition? If yes, provide details.	<input type="checkbox"/> NO <input type="checkbox"/> YES	Details:
Do you have any sight defects? If yes, provide details	<input type="checkbox"/> NO <input type="checkbox"/> YES	Details:
Do you have any physical defect or condition that may affect your ability to work with horses? If yes, provide details	<input type="checkbox"/> NO <input type="checkbox"/> YES	Details:

A trainer must own, lease or have available for use stables/yards which in the opinion of HRSA are suitable for the training and care of Standardbred horses.

What is the address of your stables/training facility?	
Are these owned or leased? If leased or available for use, please provide the name and address of the owner.	Owned Leased/available for use:
Do you share your stables/training facility with any other trainer?	YES / NO If yes, provide details:
Please provide details of the number of stables, their type of construction, the number of yards/paddocks	
Please detail the security measures in place (eg; lockable gates, dog, alarms, sensor lights, etc)	
How many horses do you intend to train at any one time this season (this is a general guide only)?	

SECTION 8: TAX FILE NUMBER – **COMPULSORY FOR DRIVERS LICENCE**

Name of Superannuation Fund _____

Member No: _____

ABN of Superannuation Fund (if known) _____

USI / SPIN of Superannuation Fund (if known) _____

OR

I wish to nominate HRSA default Superannuation Fund for payment of any drivers Superannuation (Mercer Business Super) Yes

Section 9 – BETTING ACCOUNTS – **COMPULSORY DRIVERS** No Yes

A new betting declaration for ALL Drivers must be completed for the 23/24 season. NOTE your 23/24 Application will not be processed unless details are submitted.

- i. I declare that I have no betting accounts in my name with a bookmaker, totalizator or betting exchange located within or outside of South Australia.
- ii. I undertake to immediately make and submit a further declaration if I open a new betting account in my name after submitting this declaration.
- iii. I acknowledge that the South Australian Integrity Department may conduct an audit or other means of verification relating to this declaration.

If your Declarations is YES – please provide details on a separate form & attach to this application.

Section 10 – YOUR DECLARATION

Have you been charged or convicted of a crime or offence since your last licence renewal or application? Yes No

If yes, please provide details:

- I declare that all the information contained in this Licence Application is true and correct.
- I agree to be bound by policies, Local Rules and the Australian Harness Racing Rules.
- I have read and agree to be bound by the Social Media Policy for Industry Participants (policy found on www.satrots.com.au)
- I agree to pay two payments if opting for half yearly payments
(Authorisation must be completed and lodged with this application for half yearly payments.)

Signature: _____ Date: ____ / ____ / ____

Credit Card Payment				Visa / MasterCard			
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Cardholder Name:	
Cardholder Signature							

NOTE: Credit cards are processed once licence application has been approved..

HRSA will advise when licence approved and payment is required.

BSB 035-047 Account Number 194535

Harness Racing SA Ltd



COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A DRIVERS LICENCE IN THE 2023/24 LICENSING SEASON

Emailed photographs are NOT accepted.

HRSA requires applicants for a drivers licence to provide a medical certificate stating their general health and fitness to drive harness racehorses in races, trials and/or track work.

Please complete Part A and have your Medical Practitioner complete Part B.

PART A					
FULL NAME:			DATE OF BIRTH:		
	YES	NO		YES	NO
Do you have any sight defects?			Are you presently receiving any medical treatment?		
Do you have any physical defects?			Do you have high blood pressure?		
Do you suffer from swollen ankles or kidney ailments?			Do you have diabetes?		
Do you have blood in your urine or faeces?			Do you have a chronic cough or sputum?		
Do you suffer from frequent headaches or migraines?			Do you or have you had Rheumatic Fever, Rheumatism, Joint Pain or frequent headaches?		
Have you had Tuberculosis?			Do you or have you had a mental illness?		
Do you or have you had epilepsy or fits?			Do you or have you had digestion or stomach disorders?		
Do you or have you had a weak heart or heart disease?			Do you or have you had frequent diarrhoea or Dysentry?		
Do you or have you suffered from shortness of breath or dizziness?			Do you or have you had deafness or discharge from the ear?		
Do you or have you had asthma or severe hayfever?			Do you or have you had any other medical condition?		
Do you have any physical defects?			Any other relevant information:		

DECLARATION

I declare that all answers are true and correct. I agree to advise the Controlling Body of any change in my medical condition which may affect my ability to carry out licenced activities.

Signature of Applicant: _____

Date: _____

PART B

COMPULSORY MEDICAL EXAMINATION (Medical Practitioners Use Only)

Harness Racing SA requires applicants, for the granting of a licence as a driver, to provide a medical certificate stating their general health and fitness to drive harness racehorses in races, trials and/or track work. Driving a horse may place considerable strain on the body, including joints and muscles in the lower back, neck, hip, knee and ankle joints and the major leg and arm muscles.



1. APPLICANTS NAME:

2. Describe the applicant's general appearance:

3. Is there any hernia?

4. Describe the condition of the following:

Lungs

Ear, nose & throat

Nervous System

Abdomen

Gland areas

Spine, limbs & joints

5. What is the applicant's blood pressure reading?

Systolic

Diastolic

6. What is the condition of the applicant's heart?

Size

Rhythm

Sounds

Pulse rate

7. Describe the applicant's sight

Uncorrected

Corrected

L6/
R6/

L6/
R6/

8. Describe the applicant's hearing

Left

Right

9. Provide details of any areas of the applicant's history that you consider relevant to the application for a licence

10. Any further comments

I conclude that in relation to driving duties to be undertaken by the applicant if licenced:

YES, the applicant IS FIT for these duties

NO, the applicant is UNFIT for these duties

I, _____ have examined the abovenamed person.

Address of Examining Doctor: _____

Signature: _____ Date: _____