# 2026/27 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

| FOR OFFICE USE ONLY – INITIAL. | |
|---|---|
| LICENCE INVOICE # | |
| INITIAL & DATE | |
| PAYMENT FINALISED | Direct Bank Deposit Credit |
| LICENCE CARD SENT | |

LICENCE #: _____

CUSTOMER CODE: _____

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

| | | |
|---|---|---|
| **TRAINER** | ☐ A GRADE<br>☐ B GRADE | *For Trainers licence - complete Sections 1, 2, 3, 4, 5, 7 & 8* |
| **DRIVER** | ☐ A GRADE<br>☐ B GRADE<br>☐ C GRADE | *For Drivers licence - complete Sections 1, 2, 3, 4, 5, 8 + Medical Form & Drivers Superannuation Form* |
| **STABLEHAND** | ☐ Stablehand | *For Stablehand licence - complete Sections 1, 2, 3, 4, 5, 6, & 8* |

## Section 1 – YOUR PERSONAL DETAILS

| | |
|---|---|
| Surname: | Given Names: |
| Preferred Name: (for racebook/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:

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

☐ NO
☐ YES

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

## 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.

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

## 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. | ☐ NO<br>☐ YES | Details: |
| Do you have any sight defects? If yes, provide details | ☐ NO<br>☐ YES | Details: |
| Do you have any physical defect or condition that may affect your ability to work with horses?<br>If yes, provide details | ☐ NO<br>☐ 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?<br>If leased or available for use, please provide the name and address of the owner. | Owned<br>Leased/available for use: |
| Do you share your stables/training facility with any other trainer? | YES / NO<br>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 26/27 season. NOTE your 26/27 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)**

**Signature:** _____ **Date:** ____/____/____

***HRSA will advise when licence approved and payment is required.***

***PLEASE DO NOT SEND PAYMENT WITH THIS APPLICATION.***

## COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A DRIVERS LICENCE IN THE 2026/27 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.**

HARNESS RACING SA

| | | |
|---|---|---|
| **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<br>L6/<br>R6/ | Corrected<br>L6/<br>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:_____