

APPLICATION FOR REGISTRATION OF A STABLEHAND

I hereby apply in conformity with the New Zealand Rules of Harness Racing for a licence authorising me to be employed in a harness racing stable.

Title (Mrs, Ms, Miss etc) ----- Name in Full -----

Is applicant currently enrolled in a cadet scheme? -----

Is it applicant's intention to enter into a cadetship agreement? -----

State if licensed before ----- If so, when? ----- Date of birth -----

Total time spent in the harness racing industry -----

Name of present employer -----

How long has applicant been with present employer? -----

OFFICE USE ONLY

Has applicant ever been refused a licence under the NZ Rules of Harness Racing, or by any other Racing or Harness Racing Authority? -----

Has applicant ever been disqualified or suspended? If so, when? -----

Have you ever appeared before the Law Courts and been convicted of any offence? -----

If so, give place, date and details -----

Are you suffering from any physical disability, including eye deficiency? -----

By signing this form -

- (1) I declare all particulars are true to the best of my knowledge and belief, and agree to be bound by the Rules of Harness Racing in force in New Zealand and the Driver Safety Policy as per the reverse side of this form.
- (2) I declare that I have read and understand the Health & Safety Notice dated June 2019 which was sent to me with my licence application forms and which is in the Forms Section on the HRNZ website.

Privacy - Your personal information is collected to process your application, for HRNZ's purposes and functions, and to enforce any of the Rules & Regulations of HRNZ. Your information is held physically at HRNZ Inc, 17 Birmingham Drive, Christchurch, and electronically. Your information is available to all Board Members, office holders and employees of HRNZ. You have the right to request access to your personal information, and to request correction of any of your personal details. We publish the title, name initials, and last name of horse owners on our website (www.hrnz.co.nz), as well as on My HRNZ. HRNZ also shares published information with agencies who are involved in the Harness Racing Industry (including clubs) that are approved by us to receive such data. We will only disclose to agencies outside of New Zealand if we are satisfied that there are comparable privacy safeguards. If you do not wish for your information to be shared with third parties, please update your privacy settings by editing your profile on your My HRNZ login or contact HRNZ.

Driver Licence Holders

- (1) I hereby give consent to a sample being obtained from me pursuant to Rule 313(5).
- (2) Declare that I am using an approved safety helmet and an approved safety vest as per the Safety Gear Regulations.
- (3) Declare that any approved sponsorship I receive does not include payment directly or indirectly for information relating to the past or future prospects of any horse.

SIGNATURE OF APPLICANT ----- Occupation -----

Residential Address -----

Postal Address -----

Phone: Home ----- Business ----- Mobile -----

Email -----

EMPLOYER'S ENDORSEMENT AND DECLARATION

I, ----- Trainer, licensed by Harness Racing New Zealand Inc, hereby certify

that ----- is in my employ, and has been so employed since -----

- 1) In my opinion he/she is a fit and proper person to hold a licence under the Rules of Harness Racing as a Stablehand, being of good character and competent.
- (2) I acknowledge the implications of the Health and Safety At Work Act 2015 and have discussed this with my employee.

SIGNATURE OF EMPLOYER -----

DRIVER SAFETY POLICY

I hereby acknowledge that in continuing to drive I understand the HRNZ DRIVER SAFETY POLICY: PRE-EXISTING MEDICAL CONDITION AND PREGNANCY and, agree that:

- if I have a pre-existing medical condition which exposes me to an increased risk of damage/loss as a result of an accident or injury, then I must obtain clearance from a medical officer before driving;
- if I am pregnant, I am aware that any accident could injure my unborn child or children and that I must obtain clearance from a medical officer before driving; and
- I take full responsibility for any adverse consequences that may occur at any time during participation in racing and I will not pursue any legal action against any other driver, Harness Racing Club or Harness Racing New Zealand Inc. should there be any injury or accident.

HRNZ YOUTH SUBSIDY

The Youth Development Fund provides a subsidy for Licence Fees for those who are under 31 years of age and no fee is required (Age as at 1 August). Terms and conditions apply to this subsidy.

PAYMENT DETAILS

1) I have paid by bank deposit: ☐ Amount paid: \$ _____ Date deposited: _____

Harness Racing NZ bank account no. 030802 0338257 00 (Please use your name, customer no. & "licence" as a reference)

2) Please charge my: Mastercard ☐ Visa ☐

Payment amount: \$ _____

Card no. Expiry Date

Cardholder name: _____ Signature: _____