



RACING AND WAGERING WESTERN AUSTRALIA

ABN 21 347 055 603

Licensing & Registrations

14 Hasler Rd OSBORNE PARK WA 6017

Telephone 08 9445 5558

Fax 08 9445 5586

THOROUGHBRED VISITING STABLEHAND LICENCE APPLICATION

NO FEE

DETAILS – PLEASE COMPLETE		
MR/MRS/MISS/MS		
Surname:		Given Names:
Home Jurisdiction Postal Address:		
Name of Controlling Body / Club where currently licensed:		
W.A. Residential Address:		
W.A. Stable Address:		
W.A. Contract Telephone Numbers:	Home:	Mobile:
Email Address:		
Trainer's Surname:		Given Names:

APPLICANT'S DECLARATION

1. If I am charged with an offence punishable by fine or imprisonment I undertake to contact the Stewards immediately upon being charged.
2. If I have been convicted of an offence punishable by fine or imprisonment in the previous 12-months, I undertake to contact the Stewards (08 9277 0777) immediately and attach to this application a copy of my current Police Clearance Certificate and details of the Court ruling in relation to the offence.
3. I shall at all times conduct and present myself in a professional and proper manner and comply with the RWWA Rules of Thoroughbred Racing, Official's instructions and the powers afforded to them and that failure to do so can place my current and future involvement in the industry in jeopardy.
4. I acknowledge having read and understood the said Rules and further undertake to read the Official RWWA publications so as to keep myself informed of any amendments to the said Rules or any other Regulations, Conditions and Directions made by RWWA.
5. I agree to be bound at all times by the said Rules in force from time to time and any other lawful Rules, Regulations, Conditions and Directions as may from time to time be formed, made or given by Stewards or Officials of RWWA.
6. I acknowledge that in the event of becoming disqualified, my current licence is forfeited and upon expiration of the disqualification I must re-apply for a Licence. I recognise in these circumstances such application may be refused or made subject to special conditions.
7. I will provide the Licensing & Registrations Department with written advice of any changes to the details I have advised in this application within 48-hours of the change.
8. I hereby declare that all particulars stated on this application are true and correct, and acknowledge that the Stewards are empowered to punish any person who makes any false or misleading statement or declaration in respect of any matter in connection with the administration or control of Thoroughbred Racing.
9. I agree that RWWA may record telephone conversations with you when you contact RWWA or are contacted by RWWA by telephone line in relation to any licence or racing related matter.

Have you been charged with, or found guilty of an offence punishable by fine or imprisonment in the previous 12-months? If so contact RWWA Stewards prior to lodging renewal.	<input type="checkbox"/> YES <input type="checkbox"/> NO Please tick as appropriate ✓
DATE OF BIRTH: (DAY) _____ (MONTH) _____ (YEAR) _____	
I HEREBY MAKE APPLICATION TO WORK AS A STABLEHAND FOR THE TRAINER SHOWN ABOVE IN WESTERN AUSTRALIA FOR THE PERIOD OF –	
COMMENCING-: (DAY) _____ (MONTH) _____ (YEAR) _____	
EXPIRING-: (DAY) _____ (MONTH) _____ (YEAR) _____	
NOTE – 1. THE APPLICANT MUST ARRANGE FOR A CLEARANCE FROM HIS/HER LICENSING JURISDICTION TO BE FORWARDED TO THE RWWA THOROUGHBREDS STEWARDS – FACSIMILE 08 9479 3116. 2. THE COMPLETED APPLICATION MUST BE RETURNED TO LICENSING AND REGISTRATIONS.	
APPLICANT'S SIGNATURE:	DATE:

PRIVACY

The information collected on this form will be used for the purposes of transacting Racing & Wagering Western Australia (RWWA) business.

IMPORTANT INFORMATION

1. TRAINERS WHO EMPLOY WORKERS TO ASSIST THEM IN THEIR TRAINING ACTIVITIES ARE COMPELLED BY WORKERS COMPENSATION LAW TO TAKE OUT APPROPRIATE WORKERS COMPENSATION INSURANCE FOR THEIR WORKERS.
2. LICENCE IS FOR A PERIOD OF ONE MONTH.