| V<br>2020/21   | P                | ER  | RM     | IT •<br>om eff | – V | E date | <b>FEI</b><br>to 30 | RIN<br>June | <b>JA</b> |          | ٩N     |       |      | ( | PR   | EAS<br>OVII<br>HOT                                | DE<br>O                             | )   |               |          |    |
|--|------------------|-----|--------|----------------|-----|--------|---------------------|-------------|-----------|----------|--------|-------|------|---|--|---|-------------------------------------|-----|---------------|----------|----|
| <ul> <li>A permit required for a Veterination</li> <li>Please follow the below instructions and reformation of the section 1 to 6,</li> <li>Acknowledge and Sign section 7,</li> <li>Applicants may be required to atternational section 2 and section 2 and</li></ul> | turn to          | Rad | cing l |                |     | iary s | servi               | ices        | to a l    | horse    | e in t | raini | ng a |   | <b>Racing</b><br>Level 7<br>Sydney<br>Ph: (02<br>Fax: (0<br>ABN: | , 51 Dr<br>, 51 Dr<br>, NSW<br>2) 9551<br>2) 9551 | uitt Stre<br>2000<br>7500<br>1 7587 | eet | N             |          |    |
| SURNAME:   |                  |     |        |                |     |        |                     |             |           |          |        |       |      |   |  |   |                                     |     |               |          | 7  |
| GIVEN NAMES:   |                  |     |        |                |     |        |                     |             |           |          |        |       |      |   |  |   |                                     |     | T             |          | 1  |
| DATE OF BIRTH:   |                  |     | Γ      |                |     |        |                     |             |           | 1        | 1      |       |      | 1 |  | 1   | 1                                   | 1   | 4             |          | _  |
| PLACE OF BIRTH::   |                  |     |        |                |     |        |                     |             |           | <u> </u> |        |       |      |   |  |   |                                     |     |               |          | 7  |
| RESIDENTIAL ADDRESS:   |                  |     |        |                |     |        |                     |             |           |          | 1      |       |      |   |  |   |                                     |     | $\frac{1}{1}$ | <u> </u> | Ì  |
| SUBURB:  |                  |     |        |                |     |        |                     |             |           |          |        |       |      |   |  |   |                                     |     | $\frac{1}{1}$ | <u> </u> | 1  |
| STATE:   |                  |     |        | PC             | DST | COL    | DE:                 |             |           |          |        |       |      |   |  | 1   | 1                                   | 1   |               |          | _] |
| NAME OF PRACTICE:  |                  |     |        |                |     |        |                     |             |           |          |        |       |      |   |  |   |                                     |     |               | Γ        | Τ  |
| ADDRESS:<br>SUBURB:<br>STATE:<br>MOBILE NO:  |                  |     |        | PC             | DST |        | DE:                 |             |           |          |        | ]     | 1    |   |  |   |                                     |     | ]             |          |    |
| WORK PHONE NO:   |                  |     |        |                |     |        |                     |             |           | <u> </u> |        |       | ]    |   |  |   |                                     |     |               |          |    |
| HOME PHONE NO:   |                  |     |        |                |     |        |                     |             |           | <u> </u> |        |       |      | 1 | 1  | 1   | 1                                   |     |               |          | -  |
| EMAIL ADDRESS:   | $\mid \mid \mid$ |     |        |                |     |        |                     |             |           | <u> </u> |        |       |      |   |  |   |                                     |     | <u> </u>      | <u> </u> | 4  |
|  |                  |     |        |                |     |        |                     |             |           |          |        |       |      |   |  |   |                                     |     |               |          |    |

NB: PLEASE NOTIFY ANY CHANGES TO THESE DETAILS IMMEDIATELY TO RACING NSW.

# OFFICE USE ONLY

| Date     |  | Data Entry |
|----------|--|------------|
| Received |  | HORSES:    |

| Name of Practice:                                     |  |
|---|--|
| Your role (e.g. Sole Owner Operator/Partner/Employee) |  |
| Nearest racecourse:                                   |  |

|   | Ρ             |
|---|---------------|
| 4 | A<br>ba<br>re |
| 5 | H<br>su<br>re |
|   |               |

6

| 3 | Please provide details of your registration with the Veterinary<br>Practitioners Board of NSW or the equivalent interstate body?   | Board name                                |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
|   |  | Date of most recent renewal / /           |  |  |  |  |  |
|   |  | Veterinary Registration Number:           |  |  |  |  |  |
|   | Previous: How long have you been registered?   | Date first registered / / Board:          |  |  |  |  |  |
| 4 | Are you currently or have you previously been under any<br>ban/restriction/sanction imposed by any Veterinary Practitioners<br>registration board or equivalent?   | No Yes I<br>If yes please provide details |  |  |  |  |  |
| 5 | Have you ever had a registration disqualified, revoked,<br>suspended, withdrawn, refused by any Veterinary Practitioners<br>registration board or equivalent body?   | No Yes I<br>If yes please provide details |  |  |  |  |  |
| 6 | Have you in the last 10 Years been charged with or convicted of<br>a criminal offence, forfeited bail or are there any charges or civil<br>proceedings pending against you? If Yes please provide details.<br>(Applicants may be required to provide a National Police<br>Certificate) | No Yes I                                  |  |  |  |  |  |

### Please read and acknowledge the below and sign in section 7:

# TERMS AND CONDITIONS OF PERMIT:

1. The Veterinarian acknowledges and agrees to be subject to and be bound by/agree to the below:

- The Rules of Racing of each Principal Racing Authority as amended or varied by each Principal Racing Authority from time to time copy can be found at a) racingnsw.com.au , regularly updated
- The terms and conditions of permit and permit acknowledgements as published by each Principal Racing Authority b)
- Such rules, regulations, policies and directions as may from time to time be formed, made or given by each Principal Racing Authority, the stewards of each c) Principal Racing Authority ("Stewards") or the officials of any racing club registered by each Principal Racing Authority to conduct thoroughbred racing under the Rules ("Club")
- That I shall not be exempted from personal liability arising under the Rules for or by any reason whatsoever d)
- That the permit does not entitle the veterinarian to treat horses at a race meeting or barrier trial. This requires a separate permit (type: Stable Veterinarian-On e) Course) which requires separate application to Racing NSW
- The Veterinarian must continue to be registered with the Veterinary Practitioners Board of NSW or equivalent Interstate Body. f)
- Subject AR278(1) if the Veterinarian is disqualified, his or her permit immediately ceases and determines and he or she must make application to the Principal g) Racing Authority to be issued with a new permit.
- h) A disqualified person is and remains bound by, and subject to, the Rules for the period of his or her disqualification.

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

The Principal Racing Authorities collect information about you when you submit this Application and in the course of related enquiries made of third parties for the purposes of the Thoroughbred Racing Act 1996 (NSW). The Principal Racing Authorities 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 Authorities may disclose your information to third parties such as your employers (past, present or prospective), other racing bodies, appeal bodies, wagering service providers, industry associations and government enforcement agencies (including but not limited to law enforcement agencies) if the Principal Racing Authorities believe that the disclosure is reasonably necessary for your ongoing status as a licensed person or to enable PRAs to fulfil their regulatory responsibilities and/or promote and protect the integrity of the sport to ensure compliance with the Rules of Racing. The Principal Racing Authorities may also use or disclose information about you for a secondary purpose if they reasonably believe that the secondary use or disclosure is reasonably necessary for one or more enforcement. 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 to and request that corrections be made to information held about you by the Principal Racing Authorities. By completing and submitting this application, you authorise the Principal Racing Authorities 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.

## Intellectual property

I agree that the Principal Racing Authorities will own all intellectual property in the information I submit with and in connection with this application for, and the grant and future maintenance of the Permit, and I hereby assign to the Principal Racing Authorities (and warrant that I am authorised to provide and assign) all such intellectual property and information and acknowledge that the Principal Racing Authorities may use (including by collating, modifying, publishing and distributing) all such intellectual property and information as it sees fit Note: for permit holder 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 NSW without the written permission of the permit holder.

### **Criminal History Record Check**

Permit applicants may be subject to Criminal History Record checks. Existing permit holders may also be requested to undergo such checks. The information contained in these records may lead to the application being refused.

| I authorise Racing NSW to display my contact details : | phone / email /  | postal address / |
|--|------------------|------------------|
|  | practice address | (cross out any)  |

I DO NOT authorise Racing NSW to display my contact details

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 to make a false declaration and that the failure to accurately answer these questions may lead to this application being refused

| 7 | Veterinarian Applicant<br>(Signature): | Date: |
|---|--|-------|
|   |  |       |