

## APPLICATION FOR A HRNSW DRIVER'S LICENCE (2027)

### 65 YEARS OF AGE AND OVER

Please note that this licence application must be accompanied by all documentation as specified by the Harness Racing NSW Licensing Policy clause(s) applicable to the licensing level being applied for (the policy is available at [www.hrnsw.com.au](http://www.hrnsw.com.au) or by contacting Harness Racing NSW). Applications received that are incomplete, unaccompanied by the specified documentation or the required payment will be returned to the applicant unprocessed. Identification photographs are to be taken using a smart phone or similar device and emailed to [licensing@hrnsw.com.au](mailto:licensing@hrnsw.com.au) quoting the full name of the applicant in the subject line. **If you under the age of 65, please complete the applicable application (medical assessment variations).**

**ALL QUESTIONS MUST BE ANSWERED**

Note that all applications submitted are subject to review by the Harness Racing NSW Licensing Committee which may necessitate further information being required of an applicant prior to a licence being considered or approved. Please allow between 2 – 6 weeks for the processing of your application (dependent upon lodgement date).

|                                                        |               |                     |
|--------------------------------------------------------|---------------|---------------------|
| Title                                                  | Surname       | Given Names         |
| Preferred Name (for race book and form guide purposes) |               | Date of Application |
| Residential Address                                    |               | Post Code           |
| Postal Address (if different from residential)         |               | Post Code           |
| Home Phone                                             | Work Phone    | Fax Number          |
| Mobile Number                                          | Date of Birth | Place of Birth      |
| email address                                          |               |                     |

#### LEVEL OF LICENCE BEING APPLIED FOR

Tick ✓ as applicable

☐

A Grade Driver

☐

B Grade Driver

☐

C Grade Driver

#### CREDIT CARD PAYMENT OPTION (VISA OR MASTERCARD ONLY)

Card Number:

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CVV (3 digit value printed on back of card)

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**Amount \$290.00**

Cardholders Name : \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

#### OFFICE USE ONLY

Customer Code \_\_\_\_\_

Invoice Number \_\_\_\_\_

Licence Number \_\_\_\_\_

**HARNESS RACING NSW**  
**PARTICIPANT MEDICAL ASSESSEMENT (65 + DRIVER)**



**THIS SECTION TO BE COMPLETED BY THE APPLICANT**

**SURNAME :** \_\_\_\_\_ **FIRST NAME :** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_  
\_\_\_\_\_  
**POST CODE :** \_\_\_\_\_

**PHONE :** \_\_\_\_\_ **BUSINESS :** \_\_\_\_\_ **PRIVATE :** \_\_\_\_\_

**AGE :** \_\_\_\_\_ **DATE OF BIRTH :** \_\_\_\_\_

**STATEMENT BY LICENCE APPLICANT**

**PLEASE TICK**

*Have you suffered from?*

**YES NO**

|     |                                                                                                                         |     |     |
|-----|-------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1.  | any nervous disorder, including nerves, neurasthenia or anxiety state?                                                  | [ ] | [ ] |
| 2.  | headaches?                                                                                                              | [ ] | [ ] |
| 3.  | fits or convulsions, turns or blackouts, fainting or giddiness?                                                         | [ ] | [ ] |
| 4.  | head injury or concussion?                                                                                              | [ ] | [ ] |
| 5.  | tuberculosis or other lung trouble?                                                                                     | [ ] | [ ] |
| 6.  | rheumatic fever or heart disease?                                                                                       | [ ] | [ ] |
| 7.  | indigestion, gastric or duodenal ulcer?                                                                                 | [ ] | [ ] |
| 8.  | kidney or bladder trouble?                                                                                              | [ ] | [ ] |
| 9.  | diabetes?                                                                                                               | [ ] | [ ] |
| 10. | anaemia or other blood disease?                                                                                         | [ ] | [ ] |
| 11. | deafness or noises in the ear?                                                                                          | [ ] | [ ] |
| 12. | earache or discharge from the ear?                                                                                      | [ ] | [ ] |
| 13. | chronic sinusitis?                                                                                                      | [ ] | [ ] |
| 14. | any surgical operations?                                                                                                | [ ] | [ ] |
| 15. | any injuries related to the sport of harness racing?                                                                    | [ ] | [ ] |
| 16. | any other injuries?                                                                                                     | [ ] | [ ] |
| 17. | any illnesses or conditions not already mentioned above?                                                                | [ ] | [ ] |
| 18. | are you taking any injections, tablets or other medical forms of medication or have you been on medication in the past? | [ ] | [ ] |
| 19. | any known allergies?                                                                                                    | [ ] | [ ] |

**IF YOU HAVE ANSWERED “YES” TO ANY OF THE ABOVE PLEASE PROVIDE COMPLETE DETAILS BELOW:**

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## DECLARATION:

(an applicant making a false declaration is liable to refusal or cancellation of licence).

I hereby declare that I have carefully considered the statements on the preceding page, and that, to the best of my belief and knowledge, they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. Furthermore, I declare that, should any of the preceding conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges of such licence, and to notify HRNSW immediately, and if required, submit myself for further medical examinations which shall be conducted by a HRNSW appointed medical practitioner.

I hereby give my full authority to any HRNSW appointed medical practitioner to obtain information from relevant clinical records, X-Ray and Pathology reports, and from any Medical Practitioner I have previously attended.

Signature of Applicant

Witness – Medical Examiner

Date

## MEDICAL EXAMINATION

The “normal” response to each question below is “NO”. In respect of each “YES” response, further details are to be provided in the **MEDICAL EXAMINER’S COMMENTS** section.

What is the applicants : Height (cms) : \_\_\_\_\_ Weight (kgs) : \_\_\_\_\_ Body Mass Index : \_\_\_\_\_

|                                                                                                                                       |                                    |             |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------|
| Please tick <input checked="" type="checkbox"/> appropriate column (or insert examination results where indicated)                    |                                    |             |
| <b>CARDIOVASCULAR SYSTEM</b>                                                                                                          | <b>YES</b>                         | <b>NO</b>   |
| What is the pulse rate? Insert result →                                                                                               |                                    |             |
| Is the rhythm normal?                                                                                                                 |                                    |             |
| What is the blood pressure? Insert result →                                                                                           |                                    |             |
| Are the peripheral pulses abnormal?                                                                                                   |                                    |             |
| Is there any evidence (historical or detected during this examination) of past or present Ischaemic heart disease?                    |                                    |             |
| ECG Stress Test (compulsory) <i>Please attach test results to the medical assessment</i>                                              |                                    |             |
| Is there any abnormality of the respiratory system on clinical examination?                                                           |                                    |             |
| Is there any abnormality of the abdomen on clinical examination?                                                                      |                                    |             |
| <b>URINE EXAMINATION</b>                                                                                                              |                                    |             |
| Does the applicant’s urine contain: Protein?                                                                                          |                                    |             |
| Glucose?                                                                                                                              |                                    |             |
| Other abnormality?                                                                                                                    |                                    |             |
| <b>LOCOMOTOR SYSTEM</b>                                                                                                               |                                    |             |
| Has the applicant undergone amputation of any limb, or part of a limb, or is there any physical deformity of any limb?                |                                    |             |
| Does the applicant wear any form of orthopaedic appliance?                                                                            |                                    |             |
| Is there impaired use or movement of any joint, limb, hand or foot which might impair or compromise control of a horse during a race? |                                    |             |
| <b>CENTRAL NERVOUS SYSTEM</b>                                                                                                         |                                    |             |
| Is there abnormality of the cranial nerves, limb tone, power or co-ordination, tendon or plantar response on clinical examination?    |                                    |             |
| Is there any sensory impairment?                                                                                                      |                                    |             |
| <b>ENT SYSTEM</b>                                                                                                                     |                                    |             |
| Is there any evidence of past or present vestibular disturbance, including intermittent conditions?                                   |                                    |             |
| Is there any abnormality of the ENT system on clinical examination?                                                                   |                                    |             |
| <b>VISUAL SYSTEM</b>                                                                                                                  |                                    |             |
| Has the applicant any deformities of the eye?                                                                                         |                                    |             |
| Is there any evidence of horizontal or vertical squint?                                                                               |                                    |             |
| Is squint produced on covering either eye?                                                                                            |                                    |             |
| Is there abnormality or defect in the visual fields on confrontation?                                                                 |                                    |             |
| <b>VISUAL ACUITY</b>                                                                                                                  | <b>FOR DISTANCE (Snellen Test)</b> |             |
|                                                                                                                                       | <b>RIGHT</b>                       | <b>LEFT</b> |
| Unaided                                                                                                                               | 6 /                                | 6 /         |
| Spectacles                                                                                                                            | 6 /                                | 6 /         |
| Contacts                                                                                                                              | 6 /                                | 6 /         |
| Is colour vision abnormal?                                                                                                            |                                    |             |
| Was Ishihara method used?                                                                                                             |                                    |             |
| If not, please specify →                                                                                                              |                                    |             |

## MEDICAL EXAMINERS COMMENTS:

1. On history:

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2. On examination:

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3. Is there any recurring medical issue(s) that may affect the applicant's ability to drive in races?

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4. Do you recommend to HRNSW that the applicant is fit to drive in races?

[   ]

YES

[   ]

NO

[   ]

DOUBTFUL

## STATEMENT BY MEDICAL EXAMINER

I have today personally examined this applicant.

Name of Examining Doctor

Signature of Doctor

Examination Date

Please provide Medicare Providers Number (stamp imprint) →

## QUESTIONNAIRE

If you answer **“YES”** to any of the questions below, please include **full details** in the space provided for this purpose. If there is insufficient space to record your response, please attach relevant details to this renewal application. Note that the applicant may be required to attend an interview with Officers of Harness Racing NSW should this be deemed appropriate by the HRNSW Licencing Committee.

|                                                                                                                                                                                                                                                   | Yes                      | No                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you ever filed for bankruptcy or been the subject of bankruptcy proceedings against you?                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 2. Have you ever entered into a compromise with creditors?                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 3. Have you ever taken part in an unregistered race meeting?                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 4. Have you ever been involved in any activity associated with SP betting?                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 5. If directed to do so by the HRNSW Education & Welfare Manager, are you prepared to undertake a Cognitive Test (a requirement for all licenced Drivers) and enrol in the HRNSW Education & Welfare Program?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 6. Are you or have you previously been licenced by any racing authority or controlling body <b>(including Harness Racing NSW)</b> ? <i>(If so, please provide details of all licences)</i>                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 7. Have you ever been the subject of a disqualification, suspension or any other disability imposed by any racing authority or controlling body <b>(including Harness Racing NSW)</b> ?                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 8. Have you ever had a licence application made by you refused, revoked or withdrawn by any racing authority body <b>(including Harness Racing NSW)</b> ?                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 9. Are you currently under any disqualification, suspension or other disability imposed by any racing authority or controlling body <b>(including Harness Racing NSW)</b> ?                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 10. Have you, at any time, been convicted of any offence in any court (whether under your name or any other name)?                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 11. Have you, at any time, been on, or are you now on, a bond or other form of recognisance?                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 12. Are there any charges in any criminal or civil proceedings pending against you?                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 13. Have you ever forfeited bail?                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>                                                                                                                                                                                                                                             |                          |                          |
| 14. Do you understand that, if any of the information set out by you in this renewal application is inaccurate, you may be called upon to show cause as to why a licence granted to you should not be revoked, suspended or otherwise dealt with? | <input type="checkbox"/> | <input type="checkbox"/> |

## Mandatory Provision of Tax File Number / Bank Account Information

### TAX FILE NUMBER

Note that the provision of your Tax File Number (TFN) and Bank Account details for the payment of prize money are mandatory requirements of the Harness Racing NSW licencing process and that failure to provide this information will result in your licence application being returned to you unprocessed. Failure to provide this information may result in Harness Racing NSW deducting Withholding Tax from payments that may be made to you.

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### BANK ACCOUNT INFORMATION

Account Name \_\_\_\_\_

Bank / Branch \_\_\_\_\_

BSB 

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## Conditions of Licence and Declarations

I, the applicant, make the following declarations, understandings, authorisations and acknowledgments in respect of this application:

- a. I declare that the particulars contained in this application are true and correct;
- b. I declare that I understand that it is a serious offence under the Rules of Harness Racing to make a false declaration and/or provide false or misleading information to Harness Racing NSW;
- c. I declare that, as a condition of the consideration of my application to be licenced by Harness Racing NSW, I will comply at all times with the Rules of Harness Racing and all applicable laws in force from time to time;
- d. I undertake to advise Harness Racing NSW in writing, within seven (7) days, if I become aware of any change to the particulars set out in this application, particularly as such particulars relate to the information recorded in relation to the Medical Assessment associated with my application, or to the responses provided by myself in relation to the Questionnaire provided for on Page 5 of this application document;
- e. I understand and agree that Harness Racing NSW will own all intellectual property in the information submitted by me and in connection with this application, and I hereby assign to Harness Racing NSW all such intellectual property in the information and acknowledge that Harness Racing NSW may use the information at its sole discretion and/or in relation to any of the following purposes; publication in Racebooks, racing calendars, industry publications and on industry websites.

## Declaration, Undertaking, Authorisations and Acknowledgments

I, the applicant, make the following declarations, understandings, authorisations and acknowledgments in respect of this application:

- a. I **declare** that the particulars contained in this application are true and correct to the best of my knowledge and belief;
- b. I **undertake** to advise Harness Racing NSW if I become aware of any change in particulars;
- c. I **acknowledge** that Harness Racing NSW may provide the details contained within this application to other organisations within Australasia charged with the control and regulation of racing;
- d. I **authorise** Harness Racing NSW to provide details of my name, address and telephone number(s) to Clubs conducting harness racing in Australasia;
- e. I **declare** that all answers contained herein are true and correct;
- f. I **agree** to advise Harness Racing NSW of any change that may occur in my medical condition which may affect my ability to participate in harness racing;
- g. I **authorise** Harness Racing NSW to provide the details of my health contained within this application to such medical practitioners it may deem necessary, to determine my fitness for the role in which the application relates;
- h. I **agree** to provide Harness Racing NSW with an updated Digital National Police Clearance certificate if requested to do so by the HRNSW Licencing Committee;
- i. I **agree** to make myself available for interview with Officers of Harness Racing NSW should this be deemed appropriate by the HRNSW Licencing Committee;
- j. I **agree** to provide HRNSW with information in relation to my COVID-19 vaccination status, including copies of vaccination certificates and related information including, but not limited to, a declaration if I have not received my COVID vaccination(s).

Full Name of Applicant

Signature of Applicant

Date

Name of Witness

Signature of Witness

Date

Yes

No

Publish my details in the Licence Holders Directory?

☐
☐

## BETTING ACCOUNT DECLARATION – ALL HRNSW LICENSEES

This Declaration must be completed in full and submitted with your licence application or licence renewal (as applicable) – **note that minors (ie: 17 years of age and under) are required to complete and return this Declaration;**  
or:

Part C of this Declaration must be completed and submitted in the event that there have been changes in your betting account status since last making a Declaration to Harness Racing NSW.

Full Name

Licence No

Licence Type

- *If issued (if this form is accompanying a licence application, please leave Licence No and Licence Type blank)*

**Please tick one of the following options, then complete (and have witnessed) the Declaration on the reverse of this form:**

☐

### PART A

I declare that I have **no betting accounts** with a bookmaker, totalisator or betting exchange:

- (i) *I undertake to immediately make a declaration to Harness Racing NSW if in the future I open an account;*
- (ii) *I further declare that I do not utilise betting accounts held in a name, or names, other than my own.*

☐

### PART B

I declare that I have **one or more betting accounts** (per the details I have provided on the reverse of this Declaration) and:

- (i) *I further declare that the details of those betting accounts listed in the table on the reverse of this form are true and accurate;*
- (ii) *I undertake to immediately make further declaration if I open or make transactions in relation to any additional accounts;*
- (iii) *I further declare that I do not utilise betting accounts held in a name, or names, other than my own.*

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### PART C

I declare that, since submitting my previous declaration, the following **change has / changes have occurred involving the opening or closure of a betting account** held in my name:

- (i) *I further declare that the details of those betting accounts listed in the table on the reverse of this form are true and accurate;*
- (ii) *I undertake to immediately make further declaration if I open or make transactions in relation to any additional accounts;*
- (iii) *I further declare that I do not utilise betting accounts held in a name, or names, other than my own.*

## BETTING ACCOUNT DETAIL (PER PART B / PART C)

| BETTING OPERATOR | ACCOUNT NO | ★ ACCOUNT NAME | 🔒 ACCOUNT STATUS |
|------------------|------------|----------------|------------------|
|                  |            |                |                  |
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- ★ Including accounts used by you that are not held in your name, or are held in more than one name;
- 🔒 Please indicate whether the listed account has been opened or closed.

### DECLARATION

I, the undersigned, hereby declare that the information provided by me herein is accurate in all respects.

|                                                                                                                                            |  |      |
|--------------------------------------------------------------------------------------------------------------------------------------------|--|------|
| Declarant's Signature                                                                                                                      |  | Date |
| Independent Witness : Signature                                                                                                            |  | Date |
| Independent Witness : Full Name                                                                                                            |  |      |
| Witness (primary position or relationship to Declarant)                                                                                    |  |      |
| <b>If the Declarant is under 18 years of age, this Declaration <span style="color: red;">must</span> be signed by a Parent or Guardian</b> |  |      |
| Signature of Parent or Guardian                                                                                                            |  | Date |

### HRNSW Review Of Declaration

I have reviewed and noted the Declaration:

|                      |  |      |
|----------------------|--|------|
| Reviewer's Signature |  | Date |
| Name of Reviewer     |  |      |
| Position             |  |      |