



HARNESS RACING VICTORIA

Return form to: Postal PO Box 184 Moonee Ponds, Vic 3039 Australia, info@hrv.org.au

# Trainer/Driver Licence Renewal Application 2020/2021

Upon submission, your application will be reviewed within ten (10) working days.

LICENCE APPLICATION that you are applying for: (Please circle) **TRAINER** | **DRIVER** | **TRAINER/DRIVER COMBINED**

**CUSTOMER CODE:**

**LICENCE NUMBER:**

## POSTAL ADDRESS

Name

Address

Post Code

Ph/Mob

Email

## EMERGENCY CONTACT

Name

Ph/Mob

## STABLE ADDRESS - (TRAINERS ONLY)

PIC Number

Post Code

Gate Code

## EQUINE WELFARE

I declare to be compliant with all welfare legislation, rules, regulation and code, including but not limited to The Prevention of Cruelty to Animals Act 1986 and DEDJTR Code of Practice for the Welfare of Horses. I declare to support and promote equine welfare practices within the Harness Racing industry including the Harness Racing Victoria Animal Welfare Framework. I agree to notify Harness Racing Victoria of any equine welfare concerns that I may witness or become aware of.

Signature:

Date:

## VHRC MEMBERSHIP

Up to \$900,000 worth of Super Bonus benefits on offer for 2020/21.

Join via [www.vhrsc.com.au](http://www.vhrsc.com.au) or ph 0408 570 197

## VHRT&DA MEMBERSHIP \$50

Tick the box to indicate membership required

(TICK)

## RENEWAL AND PAYMENT DUE DATE: 01 Sept 2020

Trainers/Drivers renew and pay before 01 September and receive \$10 off or through HarnessWeb receive \$20 off

Please see payment options available on the back of this form

## OFFENCE DECLARATION:

Have you been found guilty of a Relevant Offence\* in the last 12 months? (please circle). If YES, please attach details

YES

NO

## RELEVANT OFFENCE DEFINED: Licence Condition - Rule 267 (1)

A licensee who is found guilty of a crime or an offence (excluding non-custodial traffic matters) in any State or Territory of Australia or any country must notify Harness Racing Victoria (HRV) within fourteen (14) days of the change of circumstances taking place.

## LICENCE HOLDER DIRECTORY:

Do you wish to have your details published? (please circle)

YES

NO

## BETTING ACCOUNTS:

Have there been any changes to any betting accounts held in your name since your last declaration?

YES

NO

If you have marked YES, then you will need to complete the 'Betting Account Declaration' form and attach it to this Renewal Application.

## BETTING DECLARATION:

I declare that the information contained in this 'Licence Renewal Application' is true and correct and I am aware of the consequences for giving false information or failing to declare all relevant information. In the event of my application being approved I agree to be bound by, and comply with, the policies, directions and Australian Harness Racing Rules, as amended from time to time. I have attached a list to any betting accounts within or outside Victoria, whether in my name or held by another person. I declare that if I open an account or gain access to an account in the name of another person, I will immediately advise HRV of such an account. I understand that any licence I hold may be withdrawn should I make a false declaration or fail to immediately notify HRV of an account that I open or am able to access.

# Compulsory Driver's Medical Examination

(All details must be supplied and questions answered)

Name  Male  Female

- |   |  |                             |  |  |
|---|--|-----------------------------|--|--|
| 1. Present Weight <input type="text"/> kgs  | 2. Height <input type="text"/> cms                       | 3. Age <input type="text"/> | 11. Epilepsy or fits?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Have you any defect in sight? <i>(attach details)</i>  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                             | 12. Weak heart or heart disease?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Are you presently receiving medical treatment? <i>(attach details)</i>   | Yes <input type="checkbox"/> No <input type="checkbox"/> |                             | 13. Shortness of breath or dizziness?                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Are you, or have you been in receipt of a sickness benefit or Worker's Compensation Payment? <i>(attach details)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |                             | 14. Swelling of ankles?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Have you any physical defects? <i>(describe)</i>   | Yes <input type="checkbox"/> No <input type="checkbox"/> |                             | 15. Chronic Cough or Sputum?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/>  |  |                             | 16. Tuberculosis?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   |  |                             | 17. Digestion or stomach disorders?                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   |  |                             | 18. Frequent diarrhoea or dysentery?                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   |  |                             | 19. Deafness or discharging ear?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   |  |                             | 20. Asthma or severe Hayfever?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   |  |                             | 21. Diabetes?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   |  |                             | 22. Frequent Headache or migraine?                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   |  |                             | 23. Mental illness or Nervous Breakdown?                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   |  |                             | 24. Any other illness or medical condition? <i>(Attach details)</i>      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   |  |                             | 25. Have you had any previous medical condition? <i>(Attach details)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Have you ever suffered from any of the following:**

8. High Blood pressure? Yes  No
9. Blood in urine or faeces? Yes  No
10. Rheumatic Fever, Rheumatism, Joint Pain or frequent headache? Yes  No

**Declaration**

I declare that all answers are true and correct. I agree to advise HRV of any change that may occur in my medical condition.

Signature  Date

Medical Practitioners Report (Medical Practitioners Use Only)

General Appearance <input type="text"/>	Is there any hernia? <input type="text"/>	Nervous System <input type="text"/>
Ear, Nose & Throat <input type="text"/>	Gland Areas <input type="text"/>	Lungs <input type="text"/>
Abdomen <input type="text"/>	Condition of spine, limbs, joints <input type="text"/>	
<b>BLOOD PRESSURE</b> Systolic <input type="text"/> mmHg	Diastolic <input type="text"/> mmHg	
<b>CONDITION OF HEART</b> Size <input type="text"/>	Sounds <input type="text"/>	Rhythm <input type="text"/> Pulse Rate <input type="text"/>
<b>EYES</b> Uncorrected R6/ <input type="text"/>	Uncorrected L6/ <input type="text"/>	Corrected R6/ <input type="text"/> Corrected L6/ <input type="text"/>
<b>HEARING</b> Right <input type="text"/>	Left <input type="text"/>	<b>URINE</b> Glucose <input type="text"/> Albumin <input type="text"/>

Detail any relevant aspects of history:

**Examiners Statement** NB: Please ensure you tick the appropriate fitness category

The applicant is: fit to ride:  unfit to ride:  requires referral to HRV Medical Panel to determine driving fitness:

Name and address of examining doctor

Signature  Date



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# Licence Payment 2020/2021

## FEE SCHEDULE

Licence Type	Licence fee for under 76	Licence fee for over 76
Driver C	\$405	\$365
Driver A or B	\$490	\$455
Trainer A or B	\$345	\$270
Trainer C	\$245	\$200
Trainer/Driver A or B	\$635	\$545
Trainer A or B/Driver C	\$535	\$455
Stable-Hand under 18	\$44	
Stable-Hand over 18	\$99	

## DRIVERS PLEASE NOTE:

Your licence renewal will not be processed until such time that a completed Medical report and Betting Declaration form has been submitted.

## ONLINE RENEWAL AND PAYMENT:

Log into your HarnessWeb account and click the "Renew Your Licence" button on the home page or in the "My Details" section. To obtain a Harnessweb account.

<http://harnessweb.harness.org.au/harnessweb/secure/login.do>

## CHEQUE PAYMENT:

Make cheque payable to Harness Racing Victoria and attach cheque with Licence Renewal

## CREDIT CARD PAYMENT:

### Credit card payment

Card type (Please circle one)

MasterCard      Visa  
Amex              Diners

Payment Reference Number

Card number:

Expiry date:

Card CVN:

### Office use only:

Customer Code:

Invoice Number:

Licence Number: