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| Use this form to apply for registration of a greyhound public trainer in accordance with Section 18 of the Rules of Greyhound Racing.  See the [greyhound racing](https://nt.gov.au/industry/gambling/racing/greyhound-racing/introduction) webpage for further information on applicant requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | | | | | | | Date of birth: | | | | | | |  | | | | |
| Given name/s | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address | | | | | |  | | | | | | | | | | | | State | | | | |  | | | Postcode | | | |  |
| Postal Address | | | | | |  | | | | | | | | | | | | State | | | | |  | | | Postcode | | | |  |
| Phone Number | | | | | |  | | | | | | | | | Mobile number | | | | | | | |  | | | | | | | |
| Email Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you held a non-public trainer licence for not less than 18 months | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| Have you previously been licensed by an Australian or overseas racing control body?  If yes, state all the following: | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| Licence type: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Racing authority name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of years registered: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of registration: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Racing Industry experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please identify any racing industry experience that you have and include effective dates. | | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | |
| Please outline any experience you have with greyhounds. | | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | | |
| **Disclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever had a licence disqualified, revoked, suspended, withdrawn, conditions imposed or a licence application refused by any racing authority?  If yes, please provide all licence details | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | | | | | | | |
| Do you understand that if you are charged with an offence under Australian Law that you must notify the Northern Territory Racing and Wagering Commission within 14 days? | | | | | | | | | | Yes  By ticking yes, you acknowledge your understanding of this requirement. | | | | | | | | | | | | | | | | | | | | |
| Do you have any current or prior criminal convictions or charges (**including guilty pleas without conviction**) in Australia or overseas?  If so, please outline the circumstances surrounding your charges or convictions (attach additional information if insufficient space) | | | | | | | | | | Yes  No  Details | | | | | | | | | | | | | | | | | | | | |
| Have you ever been charged with any offence relating to cruelty to animals?  If yes, please outline the nature of the charge and the outcome of the matter. | | | | | | | | | | Yes  No  Details | | | | | | | | | | | | | | | | | | | | |
| Do you have a greyhound retirement plan? | | | | | | | | | | Yes  No  Details:  *Refer to supporting documents checklist* | | | | | | | | | | | | | | | | | | | | |
| **Kennel Specifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kennel address | |  | | | | | | | | | | | | | | | | | State | | | | |  | | Postcode | | | |  |
| Number of Kennels | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Construction type | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kennel height (m) | |  | | | | | | Width (m) | | |  | | | | | | | | | Length (m) | | | | | |  | | | | |
| Provide a diagram of kennel configuration (aerial view) to the application – including dimensions of individual kennels. *Refer to supporting documents checklist* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| At the date of this application, do you have any racing greyhounds registered in your name as an owner, trainer, syndicate or lease for which Owners registration is required?  If yes, list all racing greyhounds registered in your name below | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| **Name of greyhound** | | | **Microchip/Ear brand** | | | | | | **Address where kennelled** | | | | | | | | | | | | | | | | | **Trainer** | | | | |
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| **Other animal declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do any other animals, other than registered racing greyhounds, reside on the same property as the kennelling address? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| **Domestic Animals –** attach additional information if insufficient space | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Animal type**  (i.e. Dog, Cat, Bird) | | | | | | **Identification**  (i.e. microchip) | | | | | | | | **Any other relevant information**  (Where the animal is kept in relation to the kennels) | | | | | | | | | | | | | | | | |
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| **Farming, Agricultural or Rural animals –** attach additional information if insufficient space | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Animal type**  (i.e. sheep, cattle, horse) | | | | | **Purpose of animal**  (i.e. Dairy, wool) | | | | | | | | | **Any other relevant information**  (Where the animal is kept in relation to the kennels) | | | | | | | | | | | | | | | | |
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| Financials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have sufficient financial means to ensure the ongoing welfare of all registered racing greyhounds in your care? Please provide Bank Statements  *Refer to supporting documents checklist* | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| Are you currently employed? If yes, state the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| Occupation | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Status | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer address | | | | |  | | | | | | | | State | | | |  | | | | | | | | Postcode | | | |  | |
| Employer phone number | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any other sources of income?  If yes, provide full details below | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | | | | | | |
| **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby make application for registration as a public trainer with the Northern Territory Racing and Wagering Commission (Commision) and I acknowledge that any registration granted to me is subject to the following conditions:  In signing this form you agree:   1. to abide by any statutory legislation and rules adopted by the Commission with regards to the registration of greyhounds, and greyhound racing in general and, further, that you will comply with any decision or direction made by the Commission, or another person authorised to make such a decision or direction on behalf of the Commission; and 2. That no persons other than persons registered with the Commission or other approved Registration Authority shall at any time during the currency of this licence assist in the training or handling of greyhounds in my care; and 3. That I have read and agree to the objectives of the (Commission) [fit and proper test policy](https://nt.gov.au/__data/assets/pdf_file/0003/1132167/fit-and-proper-test-policy-northern-territory-racing-commission.pdf) (policy); and 4. That I undertake in the event of registration being granted to me to observe the following conditions when exercising greyhounds in a public street, park or place;    1. such greyhounds shall be properly muzzled and on a leash; and    2. one person shall not exercise more than four greyhounds at any one time; and    3. no greyhound shall be exercised in any public park without the consent of the authority in control of that park; and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. At the date of this application, the greyhounds mentioned below are registered in my name as owner or lessee for which owner’s registration certificates are required; and 2. All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and 3. I have read and understood the information contained in this application and associated guidelines; and   I know that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declared at: (location) | | | | |  | | | | | | | | | | | | | | | | On: (date) | | | | |  | | | | |
| Applicant signature: | | | | |  | | | | | | | | | | | | | | | | Date | | | | |  | | | | |
| **Note:** Under the *Oaths, Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supporting documents checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed and passed public trainer written test | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Provide Criminal history check (Police name check) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Provide current un-redacted bank statements (minimum 3 months) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Provide a diagram of kennel configuration (aerial view) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Provide appropriate greyhound retirement plan | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| [Prescribed](https://nt.gov.au/industry/gambling/racing/greyhound-racing/fees) application fee attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Complete and signed declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Industry, Tourism and Trade respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the [Northern Territory Information Act 2002](https://legislation.nt.gov.au/en/Legislation/INFORMATION-ACT-2002).  You have been asked to provide personal information as part of your application. You do not have to provide your personal information but if you choose not to, the NT Racing and Wagering Commission may be unable to accept or process your request.  We may share your information:   * If required or authorised by law to do so * If you have given us your consent to share your personal information for a specific purpose.   Find out more about how we handle your personal information by reading the Departments [privacy policy](https://industry.nt.gov.au/publications/corporate/privacy-policy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Darwin: | | | | Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Katherine: | | | | Big Rivers Government Centre, 5 First Street, Katherine | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tennant Creek: | | | | Shop 2, Barkly House, Cnr Davidson and Paterson Streets, Tennant Creek | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alice Springs: | | | | Ground Floor, The Green Well Building, 50 Bath Street Alice Springs | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1800 193 111 | | | | | [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | GPO Box 9800 Darwin NT 0801 | | | | | | | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A fee is payable on lodgement of this application form. Payment can be made by:   * Cash (in person only); or * Cheque (made out to Receiver of Territory Monies); or * Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment date: |  | | | | | | Receipt number: | | | | |  | | | | | | | | | | Amount paid: | | | |  | | | | |