



BRISBANE  
RACING CLUB

Brisbane Racing Club (BRC)	
Application Type:	Application For Permission to Train (Partnership)
Application Description:	<p>This application is to obtain permission to train at a BRC managed or owned racecourse. Please note:</p> <ul style="list-style-type: none"><li>• The applicant must attach at least two (2) written references from recognised industry participants testifying to their ability to educate, care and handle thoroughbred racehorses.</li><li>• The application process may take up to approximately four weeks.</li></ul>
Date of Application:	

Applicant's Details						
Partnerships Name:						
Australian Business Number:						
Postal Address:						
	Suburb:		State:		Postcode:	
Main Contact Person:						
Main Contact Number:						
Main Email Address:						



Applicant Details – Person 1					
Full Name:					
Residential Address:					
	Suburb:		State:		Postcode:
Contact Number:					
Email Address:					

Applicant Details – Person 2					
Full Name:					
Residential Address:					
	Suburb:		State:		Postcode:
Contact Number:					
Email Address:					

Applicant Details – Person 3					
Full Name:					
Residential Address:					
	Suburb:		State:		Postcode:
Contact Number:					
Email Address:					



### Employment History and Thoroughbred Racing Experience

The BRC may collect information to determine whether the applicants possess the appropriate skills and knowledge required to care for and train thoroughbred horses. The BRC may contact any previous or current employer.

<b>Current Occupation:</b>	Person 1:		
	Person 2:		
	Person 3:		
<b>Status of Current Employment:</b>	Person 1:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/>	
	Person 2:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/>	
	Person 3:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Period of Current Employment:</b>	Person 1:		
	Person 2:		
	Person 3:		
<b>Details of Current Employer:</b>	Person 1:	Name:	
		Contact Number:	
	Person 2:	Name:	
		Contact Number:	
	Person 3:	Name:	
		Contact Number:	
<b>Please list the names and contact numbers of all Employers in the last four (4) years (excluding current employer mentioned above):</b>	Person 1:		
	Person 2:		
	Person 3:		



<b>Will training be the partnership members full-time occupation?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If training will not be your full-time occupation, provide details of any other employment:</b>	Person 1:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/>	
		Employer:	
		Location:	
		Weekly Hours:	
		Details of Responsibilities:	
	Person 2:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/>	
		Employer:	
		Location:	
		Weekly Hours:	
		Details of Responsibilities:	
	Person 3:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/>	
		Employer:	
		Location:	
		Weekly Hours:	
		Details of Responsibilities:	



### Racing Control Bodies Information

The BRC may liaise with interstate and overseas Registered Racing Authorities for all codes of racing to confirm the applicant's involvement and history in Racing.

**Have any partnership members previously been licensed by any registered Racing Authority in Australia or overseas?**

Have any partnership members previously been licensed by any registered Racing Authority in Australia or overseas?	Person 1:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If yes, please provide details below and attach supporting evidence.</i>
		Racing Regulatory Body/s and Licensing details: Class: License Number:
		Dates:
	Details:	
	Person 2:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If yes, please provide details below and attach supporting evidence.</i>
		Racing Regulatory Body/s and Licensing details: Class: License Number:
		Dates:
	Details:	
	Person 3:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If yes, please provide details below and attach supporting evidence.</i>
Racing Regulatory Body/s and Licensing details: Class: License Number:		
Dates:		
Details:		



Have any partnership members ever had a license disqualified, revoked, suspended, withdrawn, or refused by any Australian or overseas Racing Authority?	Person 1:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Is yes, please provide details below and attach supporting evidence.</i>	
		Racing Regulatory Body/s:	
		Dates:	
		Details:	
	Person 2:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Is yes, please provide details below and attach supporting evidence.</i>	
		Racing Regulatory Body/s:	
		Dates:	
		Details:	
	Person 3:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Is yes, please provide details below and attach supporting evidence.</i>	
		Racing Regulatory Body/s:	
		Dates:	
		Details:	



Are there any charges pending against any partnership members, or any open or incomplete inquiries, investigations or matters before any Australian or overseas Racing Authority involving partnership members?	Person 1:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below.	
		Racing Regulatory Body/s:	
		Dates:	
		Details:	
	Person 2:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below.	
		Racing Regulatory Body/s:	
		Dates:	
		Details:	
	Person 3:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below.	
		Racing Regulatory Body/s:	
		Dates:	
		Details:	



Have any partnership members ever been placed on the Forfeit List under the Australian Rules of Racing AR95 and AR96?	Person 1:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Is yes, please provide details below.</i>	
		Dates:	
		Details:	
	Person 2:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Is yes, please provide details below.</i>	
		Dates:	
		Details:	
	Person 3:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Is yes, please provide details below.</i>	
		Dates:	
		Details:	





General Information	
Which BRC managed or owned racecourse facility is the partnership applying to train from?	<input type="checkbox"/> Eagle Farm* <input type="checkbox"/> Doomben <input type="checkbox"/> Deagon* <i>*On-course stabling facilities are at Eagle Farm and Deagon. To be considered for Eagle Farm or Doomben you must have the ability to train a minimum number of 60 starters in a 12-month period at Eagle Farm or Doomben race meetings.</i>
Which permission type is the partnership applying for?	<input type="checkbox"/> On-course <i>Proposed number of boxes:</i>
	<input type="checkbox"/> Off-course <i>Address of stable location:</i>
How many horses does the partnership propose to train on a monthly basis?	
Does the training partnership intend to employ any persons? If yes, BRC requires that your employees have appropriate training and are licensed by QRIC.	Foreman/Racing Manager:      Yes <input type="checkbox"/> No <input type="checkbox"/>
	Stablehand/s:      Yes <input type="checkbox"/> No <input type="checkbox"/>
	Trackwork Rider/s:      Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other:      Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that a trainer must be financially viable and continue to remain financially viable to train at a BRC owned or managed racecourse?	Person 1:      Yes <input type="checkbox"/> No <input type="checkbox"/>
	Person 2:      Yes <input type="checkbox"/> No <input type="checkbox"/>
	Person 3:      Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been declared bankrupt/proceedings against for Bankruptcy?	Person 1:      Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Is yes, please provide details below.</i>
	Details: <input type="text"/>
	Person 2:      Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Is yes, please provide details below.</i>
	Details: <input type="text"/>
	Person 3:      Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Is yes, please provide details below.</i>
	Details: <input type="text"/>



### Applicant's Signature

By signing this application, I certify, acknowledge, understand and agree to the following:

1. I am over 18 years of age.
2. Submission of this application does not guarantee approval and approval is at the BRC's discretion.
3. I must obtain a Trainer's License from Queensland Racing Integrity Commission (QRIC) prior to commencing training should I be approved to permission to train at a BRC owned or managed racecourse.
4. All details provided in this application are current, true and correct.
5. Should I wish to withdraw my application, I must notify BRC in writing in a timely manner.

This application has been completed in full and I have provided all required information.

<i>Signature of Applicant (Person 1)</i>	<i>Date</i>
<i>Signature of Applicant (Person 2)</i>	<i>Date</i>
<i>Signature of Applicant (Person 3)</i>	<i>Date</i>

### BRC Office Use Only

	BRC Reviewer	BRC Delegate
Date Received:		
Reviewed:		
Meeting with Applicants:		
Decision:		
Sign off:		
QRIC confirmation of Licensing		