

Brisbane Racing Club (BRC)	
Application Type:	Application For Permission to Train (Partnership)
Application Description:	This application is to obtain permission to train at a BRC managed or owned racecourse. Please note: - 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. - The applicants must have a minimum 3 years' prior experience as a trainer/assistant trainer. - The application process may take up to approximately four weeks.
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.

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



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Will training be the partnership members full-time occupation?	Yes ☐ No ☐		
If training will not be your full-time occupation, provide details of any other employment:	Person 1:	Full-time ☐ Part-time ☐ Casual ☐ Other ☐	
		Employer:	
		Location:	
		Weekly Hours:	
		Details of Responsibilities:	
	Person 2:	Full-time ☐ Part-time ☐ Casual ☐ Other ☐	
		Employer:	
		Location:	
		Weekly Hours:	
		Details of Responsibilities:	
	Person 3:	Full-time ☐ Part-time ☐ Casual ☐ Other ☐	
		Employer:	
		Location:	
		Weekly Hours:	
		Details of Responsibilities:	



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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?

Person 1:

Yes ☐ No ☐

If yes, please provide details below and attach supporting evidence.

Racing Regulatory
Body/s and
Licensing details:
Class:
License Number:

Dates:

Details:

Person 2:

Yes ☐ No ☐

If yes, please provide details below and attach supporting evidence.

Racing Regulatory
Body/s and
Licensing details:
Class:
License Number:

Dates:

Details:

Person 3:

Yes ☐ No ☐

If yes, please provide details below and attach supporting evidence.

Racing Regulatory
Body/s and
Licensing details:
Class:
License Number:

Dates:

Details:



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



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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 ☐ No ☐ If yes, please provide details below.	
		Racing Regulatory Body/s:	
		Dates:	
		Details:	
	Person 2:	Yes ☐ No ☐ If yes, please provide details below.	
		Racing Regulatory Body/s:	
		Dates:	
		Details:	
	Person 3:	Yes ☐ No ☐ If yes, please provide details below.	
		Racing Regulatory Body/s:	
		Dates:	
		Details:	



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Have any partnership members ever been placed on the Forfeit List under the Australian Rules of Racing AR95 and AR96?	Person 1:	Yes ☐ No ☐ <i>Is yes, please provide details below.</i>	
		Dates:	
		Details:	
	Person 2:	Yes ☐ No ☐ <i>Is yes, please provide details below.</i>	
		Dates:	
		Details:	
	Person 3:	Yes ☐ No ☐ <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?	☐ Eagle Farm* ☐ Doomben ☐ 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?	☐ On-course	Proposed number of boxes:	
	☐ Off-course	Address of stable location:	
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 ☐	No ☐
	Stablehand/s:	Yes ☐	No ☐
	Trackwork Rider/s:	Yes ☐	No ☐
	Other:	Yes ☐	No ☐
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 ☐	No ☐
	Person 2:	Yes ☐	No ☐
	Person 3:	Yes ☐	No ☐
Have you ever been declared bankrupt/proceedings against for Bankruptcy?	Person 1:	Yes ☐ No ☐	
		Is yes, please provide details below.	
	Person 2:	Details:	
		Yes ☐ No ☐	
	Person 3:	Is yes, please provide details below.	
		Details:	
	Person 2:	Yes ☐ No ☐	
		Is yes, please provide details below.	
	Person 3:	Details:	
Yes ☐ No ☐			
Person 1:	Is yes, please provide details below.		
	Details:		

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.
6. If the Partnership is approved to use BRC owned or managed racecourse facilities including on-course stabling the following applies:
 - a. If the partnership is dissolved both partners will be required to reapply to the BRC for approval to use BRC owned or managed racecourse facilities including on-course stabling.
 - b. Partnership needs to be in effect for 2 years for new partner to the venue's lease to be considered for on-course stabling at a BRC venue.
 - c. The BRC should be advised 30 days prior to the Partnership being dissolved to ensure the BRC can commence the process for approval.
 - d. Any previous monies owed to the BRC by either member of the Partnership as an Individual must be paid to the BRC prior to the commencement of an approved Partnership.
 - e. If the Partnership is dissolved any monies outstanding to the BRC in respect to the Partnership must be paid within 30 days of the Partnership being dissolved..
 - f. Each partner will be held liable for any outstanding amounts in the Partnerships name.

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



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