

Stablehand Transfer Application 2009 – 2010



QUEENSLAND
RACING

You must currently be licensed as a Stablehand in Queensland to use this form. Not suitable for NEW Stablehand Licence Applications.

Transfer Fee \$20.00

Instructions for Completing this Form

- Trainer must sight proper identification such as driver’s licence, passport or birth certificate.
- Trainer must sight current Queensland Racing Limited (QRL) stablehand licence
- Fax form to (07) 3269 8929 with credit card details or post with payment to QRL, PO Box 63, SANDGATE QLD 4017

STABLEHAND PERSONAL DETAILS

- Must be current and accurate at all times
- You must notify QRL as soon as any changes in your contact details occur

1.	Full Name	
2.	Have you been known by any other name?	
3.	DOB & place	
4.	Residential Address.	
5.	Postal Address.	
6.	Home Phone Number.	
7.	Mobile Number.	
8.	Email address.	

LAST EMPLOYER

9.	Name of last Trainer/Employer	
10.	Have you been or are you facing any convictions or charges in regards to any offence in Australia or overseas?	Details

NEW EMPLOYER DETAILS – Trainer to complete	
11.	Trainer's full name
12.	<p>You must sight the Stablehand Licence of this person and provide the details at right. <i>(This form will not be accepted if this section is blank)</i></p> <p>Stablehand Licence No. _____</p> <p>Expiry Date _____</p> <p>Trainer Name _____</p>
13.	Are you satisfied as to the identity of the person you are employing?
14.	If this person will also work for other trainers, please list.
15.	Do you undertake to provide training in Workplace Health and Safety obligations?
<p style="text-align: center;">Full Name of Trainer:</p> <p style="text-align: center;">WorkCover Policy Number:</p> <p style="text-align: center;">.....</p>	
I declare that:	
<ul style="list-style-type: none"> I have sighted and confirmed the stablehand licence of <p style="text-align: center;">_____</p> <p style="text-align: center;">(Stablehand Name)</p>	<ul style="list-style-type: none"> I have identified the stablehand. The contact details supplied by the stablehand are current and correct. I am satisfied with the circumstances in which this person left their last employer. I am not aware of any matters that would prevent the person from continuing to be licensed. I have a current WorkCover policy
Signature of Stablehand:	Signature of Trainer:
_____	_____
Date:	Date:
_____	_____
Witness Name:	Witness Name:
_____	_____
Witness Signature:	Witness Signature:
_____	_____

Payment: Either Cash, Cheque, Money Order or Credit Card

Please circle:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Expiry Date	__ / __ / __
Card Number	____ / ____ / ____ / ____	Amount \$	_____
Cardholder's Name:	_____		
Signature of Cardholder:	_____		

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QRL
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