**The Channel Islands Horseracing Authority**

**(the “Authority**”)

**Application for an Amateur Riders Licence under the Rules of Racing - Renewal**

**Section 1: Personal Details**

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| Mr/Mrs/Miss/Ms |  | | | Date of Birth | | |  | |
| Forename(s) |  | | | E-mail address | | |  | |
| Surname |  | | | Telephone number | | |  | |
| Nationality |  | | | Mobile number | | |  | |
| Home Address |  | | |  | | |  | |
| Occupation |  | | | Employers Name: | | |  | |
| Employer’s Address:  (if applicable) |  | | |  | | |  | |
| Your minimum riding weight: | | st lbs | | | | | | |
| **History** | | | | | | | | |
| Have you ever: | | | | | | | | |
| 1. Appeared on the Forfeit List (or an equivalent list outside of this jurisdiction): | | | | | | | | Yes  No |
| 1. Been declared bankrupt: | | | | | | | | Yes  No |
| 1. Been charged or convicted of a criminal offence (either within the Channel Islands or outside of the Channel Islands): | | | | | | | | Yes  No |
| If the answer to any of the above questions is “Yes”, please provide all relevant details below: | | | | | | | | |
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| On an application by a person for the granting of a Licence, in considering whether the applicant is a fit and proper person to hold such a licence, the Authority may have regard to such information as to the  character, good name or financial strength of the Applicant as may be presented to the Authority whether furnished by the Applicant or otherwise made available to the Authority including information obtained as a result of the Authority’s own enquiries. | | | | | | | | |
| **Medical** | | | | | | | | |
| Do you subscribe for any private health insurance? | | | | | | | | Yes  No |
| If so, please provide relevant details: | | | | | | | | |
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| Do you hold a valid health card issued by an authority in the Channel Islands? | | | | | | | | Yes  No |
| Please confirm the date of your last riding medical  (a medical is required every 5 years) | | | | | Date |  | | |
| **Licence Type** | | | | | | | | |
| Please indicate the type of licence are you applying for | | | Flat  only | | Flat, Hurdles  and National Hunt Flat Races | | | Flat, Hurdles  Steeple Chases and National Hunt Flat Races |
| **Declarations** | | | | | | | | |
| **I hereby declare, consent and agree that:** | | | | | | | | |
| 1. I have received, read and understand the contents of this Application Form. 2. To the best of my knowledge and belief the foregoing particulars as completed in this Application Form are true, accurate and not misleading. If in the opinion of the Authority I have knowingly omitted material information, it may reject my application. I further understand that the Authority reserves the right to factor any information independently acquired into the assessment on suitability for a licence. 3. In so far as this application is concerned and all matters relating thereto, I will be bound in all respects by the Rules of Racing in force from time to time. 4. I will be bound by any and all decisions of the Authority, its Disciplinary Panels and Appeals Boards. In this regard I submit to the jurisdiction of the Authority, the Disciplinary Panels and Appeals Boards and agree to comply with any sanction imposed upon me pursuant to the Rules of Racing. 5. By my signature below, I confirm that I understand that in the course of dealings with the Authority, I will supply the Authority with personal data that it will collect and retain. In addition, the Authority may acquire information about me through searches and enquiries as authorised by me in declaration 6 below. Some or all of that data may be personal data that is subject to the Data Protection (Jersey) Law 2018. I consent to this data being processed to assess my suitability for the licence applied for. This may involve the disclosure of personal details to such other public or private authorities as the Authority deems appropriate. 6. I consent and authorise the Authority or its agents to make enquiries to, and ascertain from, all appropriate authorities whether there is anything known or shown on records which could be relevant to the decision to grant me a licence or not. the States of Jersey and States of Guernsey Police and/or any Police Authority in other jurisdictions and any Recognised Racing Authority in other jurisdictions. Further, I hereby consent to and authorise such authorities to provide such information about me to the Authority. 7. I indemnify and agree to keep indemnified the Authority and any other authorities involved in the enquiries, against all actions (including but not limited to actions for libel, slander, negligence, malpractice or breach of duty), claims, costs, losses (including consequential loss), demands and expenses arising as a direct or reasonably foreseeable result of the enquiries. | | | | | | | | |
| **Furthermore, if I am granted a licence, I declare, consent and agree that** | | | | | | | | |
| 1. I will comply with all relevant and applicable laws, including health and safety, especially in relation to equipment and tack, and all employment legislation, including all relevant Codes of Practice including codes of practice relating to discipline, grievances, equality, bullying and harassment. Compliance with such legislation will be wholly and within my own responsibility. 2. I will be bound in all respects by the Rules in force from time to time, and the Rules of the Recognised Racing Authority concerned when racing horses abroad. 3. I agree that my licence is non-transferable, and that any abuse by me of my licence will render me liable for Disciplinary Action and revocation of the licence. 4. I will be bound by and comply with any conditions or requirements of the Authority from time to time relating to the granting of a licence. | | | | | | | | |
| **Data Protection** | | | | | | | | |
| **Publishing Your Details**  Please tick here  if you wish to consent to your contact details to be published on the Authority’s website  The Channel Islands Horseracing Authority is the data controller of any personal data you provide to us on this form and any further information which you subsequently provide to us.  **Purposes for Which the Data May be Used**  We will collect and use your personal data, such as your name and contact details and other personal details you have provided on this form, for the purposes of (i) the licensing of participants in horseracing , (ii) the administration of horse racing in the Channel Islands (iii) making and enforcing the Rules of Racing and (iv) ensuring horses are run properly and fairly.  In order to properly and efficiently run racing, we may share the personal data you provide with overseas Recognised Racing Authorities.  **Your Rights and How to Contact Us**  For further information on our uses of your personal data, and your rights in relation to your personal data, please see the Authority’s Privacy Policy which can be accessed on the Authority’s website.  Should you have any enquiries relating to the personal data that we may hold about you or how your personal data is processed, you can contact our Data Protection Officer . | | | | | | | | |
| **Signature** | | | | | | | | |

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| Applicant’s Signature |  | | Date |  |
| Signature of Parent or Guardian (where the Applicant is under 18 years old) | |  | Date |  |

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| **Confidential Medical Report** | | | | | | | |
| **Medical Report in Connection with an Application to Ride Under the Rules of Racing of the Channel Islands Horseracing Authority** | | | | | | | |
| **Section A: Personal Details – To be completed by the Applicant** | | | | | | | |
| Mr/Mrs/Miss/Ms | |  | | | Date of Birth |  | |
| Forename(s) | |  | | | E-mail address |  | |
| Surname | |  | | | Telephone number |  | |
| Nationality | |  | | | Mobile number |  | |
| Home Address | |  | | |  |  | |
| Next of Kin | |  | | | Next of Kin Tel No |  | |
| **Applicants Medical General Practitioner Details** | | | | | | | |
| Name |  | | | Telephone number | |  | |
| Address |  | | | | | | |
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| **Health Insurance** | | | | | | | |
| Do you have private Health Insurance? If Yes, specify provider and plan | |  | | | | | |
| Have you ever had a licence or permit refused or deferred on medical grounds | | | | | | | Yes  No |
| If so, Date Refused or Deferred | | |  | | | | |
| Reason Refused or Deferred | | |  | | | | |
| Date Re-Instated | | |  | | | | |
| Date of last medical examination by own G.P. in support of an application for a licence | | |  | | | | |
| Important Note  Failure to make a full declaration of any relevant information may result in a licence being revoked and Disciplinary Action. It is the responsibility of the licence holder to ensure all relevant information is provided. | | | | | | | |
| **Concussion** | | | | | | | |
| **Concussion is a traumatic brain injury. Our current knowledge is that repeated concussion may lead to long term cognitive impairment, but further research is ongoing. Horse racing has the highest incidence of concussion among sports. It is important that you do not return to race riding while you are still recovering from concussion, whether you suffer it on the racecourse or on the gallops etc. If you suspect that you have suffered a concussion, please inform the Authority’s Chief Medical Adviser for advice on management of it. Do not hide it in view of the potential long-term effects.**  **Current helmets do not prevent concussion. However, if you have suffered a concussion you should replace your helmet as its’ integrity will have been impaired.**  **PLEASE SIGN HERE ↓**  **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I understand the potential risk that I am exposing myself to.**  **(If under 18, this must be signed by a parent or guardian).** | | | | | | | |

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| **Section B: To be completed by the Applicant** | | | | |
| **Do you or have you ever had treatment for any of the following** | | | | |
| **Lungs** - Asthma, Bronchitis, Pneumonia, Pleurisy, TB or another lung disease | | | | Yes  No |
| **Diseases of Nose, Throat and Sinuses** | | | | Yes  No |
| **Ear Disease** - Ear Infection, Hearing Loss, Loss of Balance, Dizziness, Buzzing or ringing of your ears | | | | Yes  No |
| **Hay Fever, Allergies or Hives** | | | | Yes  No |
| **Heart** - Rheumatic Fever, High Blood Pressure, Heart Disease, Heart Murmur, Raised  cholesterol, Angina, Palpitations or any chest pain | | | | Yes  No |
| **Varicose Veins, Phlebitis** | | | | Yes  No |
| **Diabetes, Thyroid Disease or any glandular problems** | | | | Yes  No |
| **Fits, Blackouts, Epilepsy, Head Injury, Severe Headache, Migraine** | | | | Yes  No |
| **Stroke, Paralysis, Impaired Walking** | | | | Yes  No |
| **Impaired Vision, any Eye Disease, Wear Glasses or Contact Lens** | | | | Yes  No |
| **Psychological Problems**, Psychosis, Depression, Anxiety, Panic Attack | | | | Yes  No |
| **Claustrophobia, Agoraphobia, Fear of Heights, enclosed spaces, etc** | | | | Yes  No |
| **GIT (Gastrointestinal Tract)** - Stomach or Duodenal Ulcers | | | | Yes  No |
| **Gall Bladder Disease, Jaundice or Hepatitis** | | | | Yes  No |
| **Chronic Diarrhoea, Inflammatory Bowel Disease** | | | | Yes  No |
| **Dermatitis, Eczema, Rashes or any Skin Disease** | | | | Yes  No |
| **Kidney Disease, Kidney Stones or Bladder Problems** | | | | Yes  No |
| **Neck, Back or Spinal Injury or chronic or Recurrent Back Pain** | | | | Yes  No |
| **Did you ever attend a Doctor for Back Pain** | | | | Yes  No |
| **Breast Problems of any kind** | | | | Yes  No |
| **Cancer** - Tumour or growths | | | | Yes  No |
| **Any visits to hospital or admissions unrelated to previously mentioned problems** | | | | Yes  No |
| **Any other X-Rays/Scans or anaesthetics other than those already mentioned** | | | | Yes  No |
| **Motion Sickness** | | | | Yes  No |
| **Weight gain or loss of more than 10lbs in previous year** | | | | Yes  No |
| **Are you allergic to any medications, foods, chemicals, animals, plants or have you had any adverse reaction to any** | | | | Yes  No |
| If yes, please specify | | | | |
|  | | | | Yes  No |
| **Are you currently taking any Medication:**  **(If so, section C must be completed and returned)** | | | | Yes  No |
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| **Signature of Applicant** |  | **Date** |  | |

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| **Section C: Medical Notification Form** | | | | | | | | |
| Please complete this form and return it to the Authority if you are taking any medication. Depending on the type of medication, you may need to consult your Doctor for help completing it. If you have any queries as to what needs to be completed, please contact the Chief Medical Adviser via the Authority’s Office. | | | | | | | | |
| **Part A** | | | | | | | | |
| Riders Name | |  | | | | | | |
| **Please use this form for use of any permitted beta2agonists or corticosteroids by inhalation (e.g. Ventolin, Bricanyl, Symbicort, Seretide, Becotide, Pulmicort, Nasacort , Beconase etc.) or corticosteroids by injection.** | | | | | | | | |
| **By Inhalation – nose / mouth** | | | | | | | | |
| **Diagnosis and date of the same** | | | **Name of substance** | **Dosage** | | **Prescribed by** | | **Duration of treatment** |
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| **By Injection** | | | | | | | | |
| **Diagnosis and date of the same** | | | **Name of substance** | **Dosage** | | **Prescribed by** | | **Duration of treatment** |
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| **Name, address and contact number of your doctor** | | | | | | | | |
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| **Riders Signature** |  | | | | **Date** | |  | |
| **Part B (All other medications)** | | | | | | | | |
| **Diagnosis and date of the same** | | | **Name of substance** | **Dosage** | | **Prescribed by** | | **Duration of treatment** |
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| **Riders Signature** |  | | | | **Date** | |  | |