

HEALTH ASSISTANT REGISTRATION APPLICATION FORM



All applications must include:

Colour passport photograph

Fee payment

Checklist

Any missing documents can delay the processing of your application.

This form is to be used if you will perform massage therapy, acupuncture, non-invasive injury detection and/or chiropractic treatment on a greyhound.

Clause 12(2)(a) of the Greyhound Racing Regulation 2019 provides authority for the Commission to ask you for information necessary to determine whether to grant or refuse your application.

Personal details

Mr
 Mrs
 Miss
 Ms
 Dr
 Other

First name

Middle name

Surname

Date of birth

 / /

Existing Registration Number (if applicable)

Suburb of birth

State of birth

Country of birth

Telephone number/s

Home

Mobile

Daytime

Email address

Preferred contact method

Email
 SMS
 Mobile
 Home
 Post

Receive SMS alerts?

Yes
 No

Residential address

Address

Suburb

State

Postcode



Postal address (if different to residential address)

Address

Suburb

State

Postcode

Business address (if different to residential address)

Business name (if applicable)

Address

Suburb

State

Postcode

Services to be provided

The Greyhound Racing Regulation 2019 states that anyone who provides prescribed health services to greyhounds must be registered with the Commission. Prescribed health services include massage, acupuncture, non-invasive injury detection, or chiropractic treatment.

Please advise which of these services you intend to provide to greyhounds:

Massage therapy
 Acupuncture
 Non-invasive injury detection
 Chiropractic treatment

Liaison with veterinarians

Please provide the name of the registered veterinarian that you consult and/or refer greyhound owners to.

Veterinarian name

Practice/Clinic name

Phone number

Address

Suburb

State

Postcode



Questionnaire

Your response/s to these questions are **IMPORTANT**. The Commission will act upon the responses you make in this application. If you provide an incorrect or false response the Commission may take disciplinary action against you. This may include refusing your application.

1. Have you ever been disqualified, suspended, warned off or listed as a defaulter in any racing code?

Yes No

2. Have you ever been charged with any criminal offence?

Yes No

3. Do you have a current firearms licence?

Yes No

If you answered 'Yes' to any of the above questions, please provide details below:

Period of Registration

How many years would you like to register for?

1 year 3 years

Payment details (please visit our website for the current fees)

Once your application has been approved, you will be contacted for payment by phone or you will receive a secure pay link via email. Payments can be made with credit or debit card, PayID, PayPal and BPay.



Declaration and authorisation

I declare that all information I have provided in this form is:

- a) Complete in all material respects; and
- b) True and correct to the best of my knowledge.

I understand, acknowledge and agree that:

- a) I consent to the Commission collecting, using and disclosing my personal information, and any other information I provided to the Commission, including to any third party, where such disclosure is necessary to process an application or notification. This includes, but is not limited to, my consent for the Commission to obtain a National Police History Check on my behalf;
- b) In processing my application for registration, the Commission may require additional information from me that is, in the Commission's opinion, necessary to determine whether to register or refuse to register me as a greyhound racing industry participant. If after 21 days of being requested to provide any additional information I fail to provide the information, the Commission may refuse to register me as a greyhound racing industry participant;
- c) If the Commission later determines that any information I have provided is, incorrect or deliberately false, disciplinary action may be taken against me, which could include suspension or disqualification of my registration or a warning off;
- d) I will immediately advise the Commission if there is any change to the information I have provided in any application or notification;
- e) While I am a greyhound racing industry participant, I will comply at all times with the provisions of the Greyhound Racing Act 2017, Greyhound Racing Regulation 2019, Greyhound Racing Rules, Code of Practice and the Commission's policies.

Privacy

By signing this form you consent to the Greyhound Welfare & Integrity Commission collecting, using, holding and disclosing personal information about you in compliance with the Commission's Privacy Statement, a copy of which can be found at gwic.nsw.gov.au.

Signature of applicant

Date

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Please submit this completed form to GWIC:

- **Email** - registration@gwic.nsw.gov.au
- **Post** - PO Box 718, Bathurst NSW 2795
- **In person** - Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact our Registration and Welfare Team on 13 49 42 or email registration@gwic.nsw.gov.au.