

TRIAL TRACK REGISTRATION APPLICATION FORM



If an inspection is required it may delay the approval of your application.
The applicant will be a proprietor of the trial track and must be a registered participant.

This form is to be completed if you are to register a trial track which is used to trial and train greyhounds.

Clause 16(2)(a) of the Greyhound Racing Regulations 2019 provides authority for the Commission to ask you for information necessary to determine whether to grant or refuse your application.

Personal details (the person registering the trial track must be registered as a trial track proprietor)

Title

Mr

Mrs

Miss

Ms

Dr

Other

First name

Middle name

Surname

Date of birth

 / /

Existing Registration Number

Telephone number/s

Home

Mobile

Daytime

Email address

Is the trial track owned or leased by an organisation?

Yes

No

If yes, please provide organisation details below:

Name

Address

Suburb

State

Postcode

Trial track personnel (who will manage the trial track?)

Manager name

Existing Registration Number

Experience - number of years operating greyhound trial tracks



Other person managing track

Existing Registration Number

Experience - number of years operating greyhound trial tracks

Other person managing track

Existing Registration Number

Experience - number of years operating greyhound trial tracks

Trial track details

Business name (if applicable)

Address

Suburb

State

Postcode

Land description

What is the property description of the trial track?

Lot

Deposited Plan Number

Track design

Straight
 Circular
 Other (please describe) _____

Length in meters

Track surface

Grass
 Sand/Loam

Number of holding kennels

Lure type:

Drag
 Bramich
 Cable
 Other

Lure arm:

Steel
 Perspex
 Other

Starting box:

Yes
 No
 If yes, number of starting boxes

Starting box distances



Hand slipping Yes No

Hand slipping distances

Closed circuit TV (CCTV) Yes No

Bullring Yes No

Operations

Days per month: (Average number of days the track will operate each month)

Operating days: Mon Tues Wed Thur Fri Sat Sun

Hours of operation

Average attendance

Trial distances

Insurance

Public liability insurance Yes No

Workers compensation insurance Yes No

Volunteer workers insurance Yes No

Is the property used for other purposes? Yes No

If yes, please describe other purposes



Application fee (please visit our website for the current fee for this application)

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.