

ARTIFICIAL INSEMINATION TECHNICIAN APPLICATION FORM



All applications must include:

Colour passport photograph

Fee payment

Checklist

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This form is to be completed if you are to be an Artificial Insemination Technician for greyhounds and includes veterinary practitioners who inseminate greyhounds.

Any missing documents can delay the processing of your application.

Clause 12(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

Title

☐

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

Artificial insemination facility address (which facility will you be performing services?)

Name

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:

How many years would you like to register for?

1 year 3 years

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.

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

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

I understand, acknowledge and agree that:

- 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;
- 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;
- 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;
- I will immediately advise the Commission if there is any change to the information I have provided in any application or notification;
- 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.

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 awic.nsw.gov.au.

Signature of applicant

Date

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- 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@qwic.nsw.gov.au.