## **BOOKMAKER CLERK REGISTRATION APPLICATION FORM**



All applications must include:		Checklist	
Colour passport sized photograph			
Copy of other racing body registration	on (if applicable)		
Fee payment			
Any missing documents can delay the This form is to be completed if you are paying out winnings at greyhound reaction of the Greyhound Raction of	re to be employed by a regi ace meetings. Fing Regulations 2019 provide	stered bookmaker and assisted as authority for the Commission	
Mr Mrs N	liss 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 N  Residential address	Mobile Home	Receive SN Post Yes	MS alerts No
Address			
Suburb	State	Postcode	



Postal address (if different to residential address)			
Address			
Suburb		State	Postcode
Name of Bookr	naker who you	will primarily clerk fo	or
Contact details	s for Bookmake	er	
Telephone Number		·•	
Work		Mobile	
Email Address			
Questionnaire			
	these auestions a	re IMPORTANT. The Commi	ssion will act upon the responses you make in this
application. If you	provide an incorre	ect or false response the Co	ommission may take disciplinary action against you.
This may include re	efusing your applic	eation.	
1. Have you ever b	peen disqualified,	suspended, warned off o	or listed as a defaulter in any racing code?
Yes	No		
2. Have you ever b	_ peen charaed with	n any criminal offence?	
Yes	No		
3. Do you have a	current firearms lic	cence?	
Yes	No		
If you answered 'Y	es' to any of the c	ıbove questions, please p	provide details below:



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How	many years would you like to register for?
	1 year 3 years
Pay	ment details (please visit our website for the current fees)
you	e your application has been approved, you will be contacted for payment by phone or will receive a secure pay link via email. Payments can be made with credit or debit card, D, PayPal and BPay.
Dec	laration and authorisation
I deck a) b) I unde a) b)	complete in all material respects; and True and correct to the best of my knowledge.  rstand, 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.
, ,	icy hing this form you consent to the Greyhound Welfare & Integrity Commission collecting, using, holding and disclosing personal information about compliance with the Commission's Privacy Statement, a copy of which can be found at gwic.nsw.gov.au.
Sign	ature of applicant  Date

## Please submit this completed form to GWIC by either:

- 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.