JUNIOR ATTENDANT PERMIT APPLICATION



| Your application must include: | Checklist |
|-----------------------------------|-----------|
| Colour passport styled photograph | |

This form is to be completed if you are 12 or 13 years of age and wish to hold Junior Attendant Permit.

A Junior Attendant is permitted to catch and box greyhounds while supervised by their nominated supervisor, only at a trial on a licensed race track. They are not permitted to perform any roles at a race meeting.

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 Miss | Other | |
|---|--|----------|
| First name | Middle name | Surname |
| Date of birth | | |
| lelephone number/s | | |
| Home | Mobile | |
| | | |
| Email address | | |
| Residential address | | |
| Address | | |
| Suburb | State | Postcode |
| Postal address (if diff | erent to residential address) | |
| Address | , | |
| Suburb | State | Postcode |
| | | |
| Declaration and autl | norisation | |
| a) Complete in all material re b) True and correct to the be | e provided in this form is: spects; and | |



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 | Dat | е | | | | | |
|------------------------|-----|---|---|--|---|--|--|
| | | | 1 | | 1 | | |

Supervising Participant Declaration

The person who will be supervising and taking responsibility for you at a trial at a registered track must complete this declaration. The person must be a registered participant with GWIC.

If you are being supervised by more than one person, please include a completed declaration for each additional person.

I declare that this applicant_______ will be under my full and direct supervision when they are performing the role of junior attendant and I assume all responsibility for their actions while under my supervision. I undertake to accompany the applicant at all times when at a trial on a licensed racetrack and I understand this applicant is not permitted to perform any tasks for a race event.

| First name | Surname | Registration Number | | |
|------------|---------|---------------------|--|--|
| | | | | |
| Signature | | Date of birth | | |
| | | | | |

Parent / Guardian Consent (if the supervising participant is not the parent/guardian)

I give consent for my child to apply for this role and support their application.

| e of birth |
|------------|
| |

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**.