



RACING NSW JOCKEY BENEFIT SCHEME

APPLICATION FOR ASSISTANCE FROM JBS DISCRETIONARY FUND

Career training for applications under \$3,000

Name:	<input type="text"/>	Home ph:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	Mobile:	<input type="text"/>
		Email:	<input type="text"/>
Are you currently licensed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How long have you lived at your current address?:	<input type="text"/>
Date of retirement: (or forecast date for retirement if applicable)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	What is your previous address?:	<input type="text"/> <input type="text"/>
Reason for retirement:	<input type="text"/> <input type="text"/> <input type="text"/>	How long did you live there?:	<input type="text"/>
Please give a brief description of your riding career (periods licensed, location and approximate number of rides in most recent 2 years)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Please submit your application to the Jockey Benefit Scheme Administrator:

Via the NSWJA

Email: jockeys@bigpond.net.au

P O Box 800

CASTLE HILL

NSW 1765

OR

Direct to Racing NSW

Email: jbs@racingnsw.com.au

Post or hand delivery:

Level 7, 51 Druitt St

Sydney NSW 2000

If you have any questions or would like assistance to complete these forms, please contact **Maurice Logue** at Racing NSW on **0418 295 323**

Office Use Only (If lodged via NSWJA)

Of

Date received

 / /

Name of office bearer

NSW jockey's association

NSWJA Comments:

Please note that all information contained in this form is strictly confidential and covered by the provisions of the Privacy Act.

EDUCATION ASSISTANCE

1.

Please provide details of your educational background:

Secondary Education

(Level and year completed e.g. year 10, 11, 12):

Tertiary Education

(Qualifications and year completed e.g. Tafe, University, College):

2. For what purpose are you applying for this grant? Education assistance or other (please give details)

3. Have you been in contact with an OTEN TAFE counsellor to assist you with your course decision? (Recommended *)

Yes

No

* Open Training & Education Network (OTEN) can be contacted on 1300 655 993 or 02 9715 8446 www.oten.edu.au (Paul Colwell Career Counsellor)

4. Have you identified a course you wish to enrol in?

Yes

No

If yes, please list details:

Name of school/college/campus	
Course title	
Stage of course (e.g. first year)	
When will you begin the course	
Full course period	
Cost of the course	\$

5. Please provide details of any other studies or on-the-job training you have completed relevant to your proposed course or post-riding career / business?

Do you have an illness, injury or physiological impairment which makes it difficult for you to study or work?

Yes No

If YES give details

Was the above injury work-related?

Yes No

If YES, have you lodged a workers compensation claim in relation to your injury? (Please provide Claim Number and date of injury)

6. Have you made any other applications for assistance with your study? e.g. Austudy or Centrelink.

Declaration and signature

- I certify that the information given in this application is, to the best of my knowledge and belief, correct and that I am the applicant (or acting on behalf of the applicant).
- I have read and understood this Application and its effects.
- I agree to hold harmless Racing NSW, the JBS Trust, the NSWJA and the AJA for any loss or damage I suffer as a result of any act or omission by any or all of them in reliance on the information provided by me in this Application.
- I agree that Racing NSW (incorporating the Racing NSW Insurance Fund), the JBS Trust, the OTEN counselling & Career development Service, the NSWJA and the AJA may exchange relevant information about me (including details of any workers compensation claim, medical reports, financial, academic record and other personal information) for the purpose of determining my eligibility for assistance from the JBS Discretionary Fund and facilitating interagency referrals. This consent is valid from 12 months from the signature (below).
- I agree that all information collected by Racing NSW for the purposes of this Application will be dealt with in accordance with Privacy Act.

Signed

Dated

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