



RACING NSW JOCKEY BENEFIT SCHEME

APPLICATION FOR ASSISTANCE FROM JBS DISCRETIONARY FUND

Career, re-training, equipment or business start-up application

Name:

Home ph:

Address:

Mobile:

Email:

Date of retirement:
(or forecast date for retirement)

 / /

How long have you lived at your current address?:

Reason for retirement:

What is your previous address?:

How long did you live there?:

Please give a brief description of your riding career (periods licensed, location and approximate/average number of rides in most recent 2 years)

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.

Monthly Expenses

Mortgage/rent: _____

Motor vehicle payment: _____

Credit cards: _____

Telephone/internet: _____

Insurances:
(please detail) _____

Rates & taxes: _____

Utilities:
(water/electricity/tax) _____

Food: _____

Other expenses: _____

Total: _____

Please detail if you are behind in any of your monthly payments: _____

Monthly Income

Jockeys monthly income: _____

Workers comp benefits: _____

Gow-Gates/Lumleys:
(personal accident top up) _____

other insurance:
(Combined) _____

Centrelink benefits:
(Jockey) _____

Other income:
(please detail) _____

Spouse's monthly income: _____

Centrelink benefits:
(Spouse or partner) _____

Total: _____

Current Assets and Liabilities

	Is the asset joint owned? Y/N	% of applicant ownership	Estimated value of property	Address		Encumbrances (e.g. mortgage, covenant, guarantee, loan)
Property (Including residential/investment)						
Motor Vehicles				Type		
Bank Account	Bank	Branch	Account no.	Current Balance		
Shares	Type	Company	Quantity	Market Value	Jointly owned?	Applicants %
Other Assets	Is the asset joint owned? Y/N	% of applicant ownership	Estimated value of property	Description		Encumbrances (e.g. mortgage, covenant, guarantee, Loan)

List all dependents:

Name	Relationship	Date of Birth

Are you married, divorced, widowed or live with a partner? Yes No

Are you or your partner currently employed? If yes please give details.

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):

For what purpose are you applying for this grant? Education assistance, small business start-up, or other (please give details)

EDUCATION ASSISTANCE

If applying for education assistance, have you identified a course you wish to enrol in? Yes No

Name of training provider (school/college/campus)	
Is your course run by a Registered Training Organisation (RTO)? <i>Applications will only be accepted for courses run by a RTO</i>	
Course title	
Stage of course (e.g. first year)	
When will you begin the course	
Full course period	
Cost of the course	\$

Check if your course is run by an RTO at www.myskills.gov.au/ and search for your course and training provider. All courses listed on My Skills are run by a RTO. Alternatively, contact Paul Colwell Career Counsellor using details above.

Please describe the benefit that the course will provide you:

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

Four horizontal lines for providing details of illness or injury.

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)

Four horizontal lines for providing claim details.

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

Two horizontal lines for providing details of other assistance applications.

BUSINESS START – UP

If applying for assistance with starting up a business, please list details of the business and attach a business plan/model.

Five horizontal lines for listing business details.

Have you applied for a government grant or any other assistance in relation to this business?

Five horizontal lines for providing details of government grants or other assistance.

If applying for other assistance such as equipment purchase to help your training or business (e.g. Computer), please describe:

Equipment:

Two horizontal lines for describing equipment.

Purpose:

Two horizontal lines for describing purpose.

Cost:

Two horizontal lines for describing cost.

Equipment:

Two horizontal lines for describing equipment.

Purpose:

Two horizontal lines for describing purpose.

Cost:

Two horizontal lines for describing cost.

Are there any other partners to be involved with this business?

Name	Relationship	Address

We are required to ask some questions that may have an effect on your capacity under the law to manage or own a business or enter a particular profession.

The answers you give, as with other answers on this form, will remain strictly confidential.

If you wish, you can direct your completed application marked as strictly confidential to the Returning Officer, JBD, at Racing NSW.

Have you in the last 10 years been charged with or convicted of a criminal offence, forfeited bail or are there any charges or civil proceedings pending against you? If

Yes No

YES give details:

Are you an undischarged bankrupt or have you been or are you now subject to any form of arrangement with creditors under the provisions of the *Bankruptcy Act* 1966? If YES give details:

Yes No

Have you ever been banned from acting as a director of a company by the Australian Securities & Investments Commission or been a director or officer of a company which has entered voluntary administration or liquidation? If YES, give details:

Yes No

Are there any other matters which might affect your ability to enter a particular profession, obtain funding from a financial institution or manage a business / company? If YES, give details:

Yes No

Please submit your application to the Jockey Benefit Scheme Administrator:

Via the NSWJA

Email: jockeys@bigpond.net.au

Post: 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

Declaration and signature

1. 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).
2. I have read and understood this Application and its effects.
3. 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.
4. I agree that Racing NSW (incorporating the Racing NSW Insurance Fund), the JBS Trust, the NSWJA and the AJA may exchange information about me (including details of any workers compensation claim, medical reports, financial and other personal information) for the purpose of determining my eligibility for assistance from the JBS Discretionary Fund.
5. 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