

Please Attach 2 Passport Sized Photographs Here

## APPLICATION FOR PERMIT TO RIDE AS A QUALIFIED RIDER UNDER RULE 135 IRISH NATIONAL HUNT STEEPLECHASE RULES

1.	Full Name:	Mr/Mrs/Miss/Ms:		
2.	Address:			
3.	Telephone: (home) Mobile	Date of Birth//		
4.	E-mail Address:			
5.	Occupation:			
	Name & Address of your Employer (if applicable):			
7.	'. Have you ever held a Licence to ride before, either in Ireland or abroad (If so, give details of licence applied for and result of application)			
8.	Have you ridden in Point to Point races? Yes / N	lo		
	If 'yes' state number of rides			
	Your Minimum Riding Weight St			
11.	Current riders allowance (if any) lbs			
	Number of Winners Ridden (Point to Point winners should <b>NOT</b> be included)			

	State the names and addresses of two current Trainers or Permit Holders to whom reference may be made regarding this application.				
	Experience — <i>Please outline below in as much detail as possible your riding</i> experience, with relevant dates:-				
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of th	e you ever: (i) appeared on the Forfeit List (or an equivalent list on is jurisdiction); (ii) been declared bankrupt; (iii) been charge	ged or				
	icted of a criminal offence (either within the jurisdiction or out urisdiction of Ireland)? If so, please provide relevant details.	side of				
		<del></del>				
Licen perso chara the C	an application by a person for the granting or renewal of any licensing Committee, in considering whether the applicant is a fit and on to hold such a licence, may have regard to such information as facter, good name or financial strength of the Applicant as may be presented by the Applicant or otherwise made available of the Committee including information obtained as a result of the Committee viries.	proper to the ented to lable to				
	<u>MEDICAL</u>					
<ul><li>16. Please note that your medical examination must be completed with one of the doctors from the Irish Horseracing Regulatory Board panel before any licence is issued. (List of the I.H.R.B. doctors is contained in the cover letter)</li><li>17. Do you subscribe to the V.H.I./BUPA/Vivas Healthcare, or any other Medical</li></ul>						
Insurance cover? (If yes, please give details)						
My V.H.I./Laya/Vivas Healthcare Plan is						
Do you hold a Medical Card? (yes or no)						
**********						
<u>FEES</u>						
Category A1, A2	Assessment Fee + Course Day Fee + Rule Book *If your assessment is unsuccessful, a refund of €180 will be made to you.	€355*				
or A3	Cheques or postal orders should be made payable to the I.H.R.B.					
	For Visa/debit card payments please complete below:-					
	Credit/Laser Card Expiry Date:					

(PLEASE NOTE THERE IS A €3.50 SURCHARGE FOR CREDIT CARD TRANSACTIONS.)

NB: Upon approval of your licence, there will be a further charge of <u>€245</u> to your Horse Racing Ireland account:- €145 for your licence fee and €100 deposit to your Horse Racing Ireland account. HRI Accounts Dept. will contact you in this regard.

## I hereby declare, consent and agree that:-

- (a) I have received, read and understand the contents of this Application Form and the accompanying instructions.
- (b) To the best of my knowledge and belief the foregoing particulars as completed in this Application Form are true, accurate and not misleading. If in the opinion of the Licensing Committee I have knowingly omitted material information, it may reject my application. I further understand that the Licensing Committee reserves the right to factor any information independently acquired into the assessment on suitability for a licence.
- (c) In so far as this application is concerned and all matters relating thereto, I will be bound in all respects by the Rules of Racing and the INHS Rules in force from time to time.
- (d) I will be bound by any and all decisions of the Licensing Committee and the Appeals/Referrals Committee. In this regard I submit to the jurisdiction of the Licensing Committee and the Appeals/Referrals Committee and agree to comply with any sanction imposed upon me pursuant to the Rules of Racing and Irish National Hunt Steeplechase Rules.
- (e) By my signature below, I confirm that I understand that in the course of dealings with the I.H.R.B., I will supply the I.H.R.B. with personal data that it will collect and retain. In addition, the I.H.R.B. may acquire information about me through searches and enquiries as authorised by me in declaration (f) below. Some or all of that data may be personal data that is subject to the Data Protection Acts, 1988 to 2003. I consent to this data being processed to assess my suitability for the licence applied for. This may involve the disclosure of personal details to An Garda Síochána, the PSNI and/or such other authorities as the I.H.R.B. deem appropriate.
- (f) I consent and authorise the I.H.R.B. or its agents to make enquiries to, and ascertain from, all appropriate authorities whether there is anything known or shown on records which could be relevant to the decision to grant me a licence or not. Such authorities shall include, but are not limited to, the Garda Síochána, the PSNI and/or any police authority in other jurisdictions, and any in any other jurisdiction. Further, I hereby consent to and authorise such authorities to provide such information about me to the I.H.R.B.
  - (g) I indemnify and agree to keep indemnified the I.H.R.B., An Garda Síochána, the PSNI and any other authorities involved in the enquiries, against all actions (including but not limited to actions for libel, slander,

negligence, malpractice or breach of duty), claims, costs, losses (including consequential loss), demands and expenses arising as a direct or reasonably foreseeable result of the enquiries.

## Furthermore, if I am granted a licence, I declare, consent and agree that:-

- (h) I will comply with all relevant and applicable laws, including health and safety, especially in relation to equipment and tack, and all employment legislation, including all relevant Codes of Practice including codes of practice relating to discipline, grievances, equality, bullying and harrassment. <u>Compliance with such legislation will be wholly and within</u> my own responsibility.
- (i) I will be bound in all respects by the Rules in force from time to time, and the Rules of the recognised Turf Authority concerned when racing horses abroad.
- (j) I agree that my licence is non-transferable, and that any abuse by me of my licence will render me liable for disciplinary action and revocation of the licence.
- (k) I will be bound by and comply with any conditions or requirements of the I.H.R.B. from time to time relating to the granting of a licence.

## **Data Protection:**

Date: \_\_\_\_\_

By proceeding with your renewal application you consent that the I.H.R.B. will process the personal data (including sensitive personal data) collected from you including for the purposes of (i) the licensing of participants in Irish racing, (ii) the administration of Irish horse racing, (iii) making and enforcing the Rules of Racing (iv) ensuring horses are run properly and fairly and (v) administration of membership by the Qualified Riders Association. Some of your personal data may be transferred to HRI or to foreign turf authorities (some of which may be outside the EEA) for the aforementioned purposes. In addition, the contact details provided in this application may be published on the Irish Horseracing Regulatory Board website, <a href="www.ihrb.ie">www.ihrb.ie</a> on the HRI website, <a href="www.hri-ras.ie">www.hri-ras.ie</a> and the Irish Field Directory, and disclosed to the Irish Racehorse Trainers Association and the Irish Jockeys Pension Trust (IJPT), etc.

Please tick here if you do not wish for your contact details to be disclosed (this opt out option does not refer to the first paragraph under Data Protection)

PLEASE SIGN WITHIN THE BOX PROVIDED

Signature of Applicant: (please sign in the centre of the box – DO NOT touch lines with your signature)

Signature of Parent / Guardian (where applicant is under 18 yrs):-