



APPLICATION TO BE REGISTERED AS A RACECOURSE MEDICAL OFFICER

Surname of Applicant:.....

Other Names:

ID No/Passport Number:Date of Birth:.....

Telephone numbers: (Home).....(Work)..... (Mobile)

Residential Address:

.....Postal Code:

Email Address:.....

Qualifications/Registration Number:

Have you been previously registered as a Racecourse Medical Officer and if so by whom and for what period?

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Have you ever been warned off, disqualified, suspended, had a registration or licence refused or withdrawn? If so give particulars:

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Have you been convicted of a criminal offence? YES / NO. (If yes, please provide details)

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I hereby apply to be registered as a Racecourse Medical Officer in terms of the GRA Act 2007 and Rules of The Horse Racing Division as amended from time to time. I acknowledge that I am acquainted with and bound by them with effect from the date that this application is approved. I declare that the information given by me is complete and accurate. Should it be found subsequent to approval that the information contained herein is false, the registration/license may be subjected to review. I further acknowledge that I shall be deemed to have received any communication from The Horse Racing Division if such communication is sent to the abovementioned postal address or email address or to such other address as I advise The Horse Racing Division, in writing.

SIGNATURE OF APPLICANT..... DATE

For Official Use

Report and recommendation by the Stipendiary Steward to approve this application.

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STIPENDIARY STEWARD..... DATE.....