



EXPRESSION OF INTEREST 2025

High Performance Athlete

Trackwork Rider Development Squad (including Apprentice Jockey Training Program)

1 Section 1 | Applications Details and Authorisation

Family Name:		D.O.B:	
Given Name(s):		Gender (please tick):	
Preferred Name:		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Age:		Height (cm)	
		Weight (kg)	
Residential Address:			
Suburb:		Post Code	
Postal Address:			
Suburb:		Post Code	
Contact Telephone:		Mobile	
Email Address:			

2 Section 2 | Parent / Guardian Details if aged under 18 years

Name(s):		Parent/Guardian	
Residential Address:			
Suburb:		Post Code	
Contact Telephone:		Mobile	
Email Address:			

3 Section 3 | Trainer Details

- I do have a trainer and details are below
 I do not have a trainer and I am looking for assistance from Racing Victoria (RV)

Name(s):			
Residential Address:			
Suburb:		Post Code:	
Contact Telephone:		Mobile	
Email Address:			

4

Section 4 | Education Details

Highest completed school level:		Are you currently attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise your current school level			

5

Section 5 | Qualifications (Certificates, Diplomas, Degree)

Note: if you have already obtained the qualification, please provide the year that you completed that qualification in the "Year Obtained" column; alternatively, if you are still studying the qualification, please advise your anticipated completion date.

Qualification(s)	Year Obtained	Anticipated Completion Date

6

Section 6 | Work Experience

Company / Employer	FT, PT, Casual	Start Date	Finish Date	Job Title Held

7

Section 7 | Sports Experience and Achievements

Sport	Club Name	Achievements

8

Section 8 | Riding Experience and Achievements

Sport	Club Name	Achievements

The Trackwork Rider Development Squad is aimed at anyone who is currently riding trackwork who wishes to participate in training and development activities. For those that aspire to be a jockey it is also the pathway for selection into the Apprentice Jockey Training Program.

Please explain why you would like to participate in the Trackwork Rider Development Squad?

Ref.	Condition/Injury/Illness <i>Have you experienced or do you suffer from any of the following conditions below? (please tick)</i>	
1.	Nervous disorders including, nerves, depression, nervous breakdown, mental or emotional instability, anxiety or attempted suicide.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Headaches or migraines	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Fits, convulsions, turns, blackouts, giddiness or epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Lung or chest infections, pneumonia, bronchitis, asthma or tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Heart disease, high or low blood pressure, rheumatic fever or angina pectoris	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Indigestion, pain after eating, gastric or duodenal ulcers, hiatus hernia, gall bladder disease, recurrent diarrhoea or appendicitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Kidney or bladder problems, cystitis (inflammation of the bladder) or stones	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Diabetes, goitre, thyroid disease or any disease of the lymphatic glands	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Anaemia or blood disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Perforated ear drums, deafness, tinnitus (noises in the ears), ear discharge or blocked ears	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Sinusitis, frequent head colds, blocked nose, hay fever or other allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Back, spine or neck injuries, pain or arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Fractures or dislocations	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Head injuries, knocks or falls during sports or other activities, seen a Doctor or Hospitalised for head injuries, blackouts or loss of consciousness or concussions. If you have experienced concussions, please list how many in the next section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Skin disease, eczema or dermatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Speech impairments or defect	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Surgical procedures or hospital admission	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Any other illnesses or injuries not mentioned above If yes, please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered 'yes' to any of the medical information questions, please provide further details below in the "Details of Condition, Injury and/or Illness" and please ensure you provide the correct reference number.

Details of Condition, Injury and/or Illness with reference numbers

Have you ever made a claim for Workers Compensation? If yes, please provide details below.

Date of last Tetanus Injection / Booster

Do you smoke?

Yes No

If yes, please provide the number of cigarettes or other tobacco products you smoke per day.

Do you consume alcohol?

Yes No

if yes, please provide the number of standard drinks per day.

Prescriptions, herbal preparations, vitamins and supplements:

Q1: Please provide details of any oral, injectable or topical medications currently prescribed for you by a medical practitioner **OR** that have been prescribed for you by a medical practitioner in the last 12 months

Q2: Please provide details of any herbal preparations that you currently use **OR** that you have used in the last 12 months, whether prescribed or otherwise

Q3: Please provide details of any vitamins or supplements that you currently use **OR** that you have used in the last 12 months

Q4: Have you ceased any medications (whether oral, injectable or topical) in the last 12 months? If yes, please provide details

ii. Further information and/or tests: please note that, depending on the information provided and the circumstances of your application, such as your age, medical history or family history, we may require additional information from you, or require you to complete additional tests, to determine your eligibility / fitness for the program.

- 1 I declare that all information that I have provided within this Expression of Interest (EoI), including Medical Information (Section 10) and any attachments are correct and that I have not withheld any information that is relevant to the EoI.
- 2 I declare that I have not provided for the purposes of this EoI any false or misleading information. I acknowledge that if I have provided any false or misleading information then I have failed to meet the standards necessary to be offered training as a high performance athlete in the Trackwork Rider Development Squad (including Apprentice Jockey Training Program).
- 3 I declare that if I am diagnosed with any of the conditions listed with Section 10 or the circumstances of any of the listed conditions I currently have should change, I agree to immediately advise the Racing Victoria Chief Medical Officer (CMO) – Dr Ben Barresi, drbenb@healthcareoncollins.com.au.
- 4 I authorise consent for the Racing Victoria CMO to obtain and collect all relevant clinical information regarding my EoI in training as a high performance athlete – Trackwork Rider Development Squad (including Apprentice Jockey Training Program). This includes approval to obtain information from other medical practitioners/specialists and access to all pathology and radiology reports.
- 5 I also provide consent for the Racing Victoria CMO, at their discretion, to discuss the above information with nominated representatives of Racing Victoria and external health and allied service providers contracted to Racing Victoria. I am aware that information will be used for the purposes of assessing my suitability to train as a high performance athlete in the Trackwork Rider Development Squad (including Apprentice Jockey Training Program).
- 6 I acknowledge the AJTP selection criteria, [available here](#).
- 7 I acknowledge and agree to the Privacy Collection Statement annexed to this form (refer below) and Racing Victoria's Privacy Policy available at racingvictoria.com.au/privacy-policy.

Applicant Name	Applicant Signature	Date

Please note: if the Applicant is under 18 years of age, their legal guardian must complete the following section.

Parent/Guardian Name	Parent/Guardian Signature	Date

Please include a copy of the following documentation with this form:

- Birth Certificate
- Any Certificate in Racing (a copy of the Certificate and Statement of Results)
- Most recent school report
- Personal reference

Please note: Applications received that are not completed fully and or do not include copies of all documents requested will not be considered.

Once the form has been completed, please return it and all documents to: ajtp@racingvictoria.net.au

PLEASE NOTE - APPLICATIONS CLOSE TUESDAY 29TH FEB 2024 at 5PM

Racing Victoria Office use only

Date Received:		Eol Lodged:	
Logged By:		Information Provided to Eol:	

1. Racing Victoria Limited (ACN 096 917 930) (**Racing Victoria**) is the Principal Racing Authority (**PRA**) governing thoroughbred racing in Victoria and administers and manages two programs for riders and aspiring jockeys, being the:
 - (a) Trackwork Rider Development Squad (**TRDS**), a program for persons currently employed as a trackwork rider that would like to develop their skills and knowledge; and
 - (b) Apprentice Jockey Training Program (**AJTP**), which the TRDS provides a pathway to.

If, following Racing Victoria's assessment of your application and/or during your time in the TRDS, you are offered a position in the AJTP, you will be required to complete additional forms and supply additional information, including health information, to enable Racing Victoria to assess your suitability for the AJTP, including your fitness to ride.
2. Racing Victoria is collecting your personal information (including information considered sensitive information under applicable laws) on this form, including your name, contact details, education details, qualifications, work experience history and medical history for the purpose of processing your application for the TRDS and, if applicable, the AJTP.
3. The purpose of collecting your personal information is for our legitimate interests, including to:
 - (a) consider and made determinations in relation to your application, including your fitness to participate in the TRDS;
 - (b) promote or protect the integrity of the thoroughbred racing industry and ensure compliance with the Racing Victoria Rules of Racing;
 - (c) administer and promote racing operations (including your participation in the industry);
 - (d) communicate with you regarding the TRDS and AJTP, and associated news, events and promotions, such as training opportunities; and
 - (e) otherwise in accordance with Racing Victoria's Privacy Policy available at www.racingvictoria.com.au/privacy-policy.
4. If you do not provide the personal information requested on this form (including the requested health information) or otherwise when requested by Racing Victoria as part of its activities as described above, we may not be able to process your application (and therefore refuse to grant or consider your application) or may revoke or suspend your participation in the TRDS and, if applicable, the AJTP.
5. Racing Victoria may also disclose your personal information to third parties such as the Racing Victoria Chief Medical Officer (**CMO**), the trainer you are currently engaged by (for example, to advise them of training sessions (including dates) that you are enrolled in), enforcement bodies, government authorities, other racing controlling bodies in the States and Territories of Australia and overseas, educational or training institutions, service providers and to others for the purposes described above or as otherwise provided by law.
6. Racing Victoria may only disclose your health information where permitted by law (including under the *Workplace Injury Rehabilitation and Compensation Act 2013* (Vic). Your health information may be disclosed to Racing Victoria's CMO or their delegate, for example where necessary for the administration of the TRDS and/or AJTP, including to assess your eligibility for, or fitness to participate in, either program. Your health information will be treated confidentially at all times and will not be disclosed to any third parties not listed above without your prior consent.
7. We otherwise use, disclose and handle your personal information in accordance with our Privacy Policy available at www.racingvictoria.com.au/privacy-policy. If you are concerned about a possible interference with your privacy, please contact Racing Victoria's Privacy Officer at privacyofficer@racingvictoria.net.au. Privacy complaints to Racing Victoria must be made in writing.