



Expression of Interest
THOROUGHBRED RACING ADVANCED COURSE. (TRAC)

Enclose one
Passport size
Photograph.

Royal Western India Turf Club, Ltd.

SECTION 1 : Personal Information

Surname :	Name :		
Date of Birth :	Age as at 1 January, 2012 :		
Gender: Female / Male (Please Circle)	Height:	Weight (Kgs):	Shoe Size:
Citizenship:	Marital Status:	No. of Children:	

SECTION 2 : Address Details

Address :	
Suburb :	Post code :
Telephone :	Mobile :
Email Address :	

SECTION 3 : Parent /Guardian Details

Name (s) :	
Address :	
Suburb :	Post code :
Telephone :	Mobile :
Email Address :	

SECTION 4 : Education

Highest completed school level :	
Are you currently attending school?	Yes / No (Please Circle)
If yes, school name and address and your year level :	

Contd... 2/-

**SECTION 5 : Qualifications
(Certificates (indicate level), Diplomas, Degree obtained)**

Title :	Year Obtained :	Currently Studying :
<i>Example : Certificate II in Racing – Stablehand</i>	<i>2011</i>	

SECTION 6 : Work History

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

SECTION 7 : Sport Experience and Achievements

Sport :	Experience :	Achievements :
<i>Example : AFL</i>	<i>MAHALAXMI CRICKET CLUB</i>	<i>Finished 3rd 2010</i>

SECTION 10 : Medical Information

Have you experienced or do you suffer from any of the conditions below?

Please circle Yes or No.

Number	Conditions	Yes	No
1	Nervous disorders including, nerves, depression, nervous breakdown, mental or emotional instability, anxiety or attempted suicide.	Yes	No
2	Headaches or migraines.	Yes	No
3	Fits, convulsions, turns, blackouts, giddiness or epilepsy.	Yes	No
4	Lung or chest infections, pneumonia, bronchitis, asthma or tuberculosis.	Yes	No
5	Heart disease, high or low blood pressure, rheumatic fever or angina pectoris.	Yes	No
6	Indigestion, pain after eating, gastric or duodenal ulcers, hiatus hernia, gall bladder disease, recurrent diarrhea or appendicitis.	Yes	No
7	Kidney or bladder problems, cystitis (inflammation of the bladder) or stones.	Yes	No
8	Diabetes, goiter, thyroid disease or any disease of the lymphatic glands.	Yes	No
9	Anaemia or blood disease.	Yes	No
10	Perforated ear drums, deafness, tinnitus (noises in the ears), ear discharge or blocked ears.	Yes	No
11	Sinusitis, frequent head colds, blocked nose, hay fever or other allergies	Yes	No
12	Back, spine or neck injuries or pain or arthritis.	Yes	No
13	Fractures or dislocations.	Yes	No
14	Head injury, knock or fall during sport or other activity, seen a doctor or hospitalized for head injury, black out, loss of consciousness.	Yes	No
15	Skin disease, eczema or dermatitis.	Yes	No
16	Speech defect.	Yes	No
17	Surgical procedures or hospital admission.	Yes	No
18	Any other illness or injury not mentioned.	Yes	No
19	Have you ever made a claim for Workers Compensation.	Yes	No

If you answered YES to any of the above questions, please provide details below in the 'Details of Condition' and make sure you write the reference number in the space provided.

Reference Number	Details of condition.

Tetanus	Date of last injection or booster	
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Tobacco	Number of cigarettes or other tobacco products you smoke per day.	
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Alcohol	Number of standard alcoholic drinks consumed per day.	
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Prescriptions	Provide details of any oral; injectable or topical medication currently prescribed for you by a Medical Practitioner or which has been prescribed for you by a Medical Practitioner in the past. Also include any: <ul style="list-style-type: none">• Herbal preparations you use or have used whether prescribed or otherwise.• Vitamins or supplements you use or have used.
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Declaration :

1. I declare that all information that I have provided within this Expression of Interest (Eol), including Section 10 Medical Information (Section 10) and any attachments are correct and that I have not withheld any information that is relevant to the Eol.
2. I declare that I have not provided for the purposes of this Eol 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.
3. I declare that if I am diagnosed with any of the condition listed with Section 10 or the circumstances of any of the listed conditions I currently have should change, I agree to immediately advise the RWITC Chief Medical Officer (CMO).
4. I authorize consent for the RWITC CMO to obtain and collect all relevant clinical information regarding my Eol to be offered training. 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 RWITC CMO to, at their discretion to discuss the above information with nominated representatives of RWITC and external and allied service providers contracted to RWITC. I am aware that the information will be used for the purposes of assessing my suitability to be accepted onto this training programme.
6. I agree to be bound by, subject in all respects to and shall comply with the Rules of Racing and Notification of the RWITC as may from time to time be amended and added to.
I further agree to accept as final the decisions made in accordance with the Rules of Racing by the Stewards of the RWITC or their duly appointed officials.

Application Name :	Application Signature:	Date:
Parent /Guardian Name:	Parent /Guardian Signature:	Date:

**Note: A Parent /Guardian is only required to sign this form if you are under the age of 18.*
Please include a copy of these documents with this form:

- Birth Certificate
- Most recent school report
- Employer report (if applicable)

Eol shortlisted for the assessment process will need to bring the following original documents to the initial meeting.

- Birth Certificate
- Most recent school report
- Employer report (if applicable)
- One Passport size photograph

Completed forms should be returned to :

Royal Western India Turf Club, Ltd.

Race Course, Mahalaxmi.

Mumbai – 400 034.

RWITC use only:

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