RACING NSW JOCKEY BENEFIT SCHEME

APPLICATION FOR ASSISTANCE FROM JBS TRUST

Name of Jockey:

Address:

Home phone:

Mobile:

Email:

Date of injury or initial diagnosis (If applicable): ☐☐/☐☐/☐☐

Date stopped riding: ☐☐/☐☐/☐☐

Current capacity to resume riding: (estimate as to when or if able to resume riding)

Nature of illness or injury (If applicable):

Next of kin name:

Phone number:

How long have you lived at your current address?:

Circumstances of injury and or developments of illness (If applicable):

What is your previous address?:

How long did you live there?:

Office Use Only *(If lodged via NSWJA)*

Name of office bearer

Of

NSW jockey's association

Date received ☐☐/☐☐/☐☐

NSWJA Comments:

Please note that all information contained in this form is strictly confidential and covered by the provisions of the Privacy Act.

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

3a) Have you lodged public liability or personal accident claim and if so when was it lodged?

3b) Have you lodged a workers compensation claim in relation to your injury?

Yes ☐ **No** ☐

2) Medical name of condition:
(please attach relevant medical report)

3c) If YES, please provide claim No.

4) Do you consent to the Racing NSW Insurance Fund releasing details of your workers compensation claim (including medical reports and financial information) to the Trustees of the Racing NSW Jockey Benefit Scheme?

Yes ☐ **No** ☐

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5) 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:

6) 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:

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

8) List all dependents:

Name	Relationship	Date of Birth

9) Details of any other grants, settlements or compensation awarded, or that you have applied for in relation to your situation:

10) Are you seeking financial assistance to pay any specific expenses or invoices? If so, please provide details/attach copies of the invoices:

11) Please list any specific requests for funding to purchase mobility aids or to make home or vehicle modifications for accessibility (please attach copies of any supporting quotations or invoices):

12) Do you require assistance of a carer? If so please provide details (i.e. How many hours/days per week? Over what period of time?) Please advise the cost of the carer (or attach invoice)

Please submit your application to the Jockey Benefit Scheme Administrator:

Via the NSWJA

Email: tony@nswjockeys.org
Post: P O Box 18
Darlinghurst
NSW 1300

OR

Direct to Racing NSW

Email:
jockeytrust@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 as authorised agent).
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 (including the Racing NSW Insurance Fund – except where I have answered NO to question 4), the JBS Trust, the NSWJA and the AJA may exchange information about me (including personal information) to assist in managing and administering the JBS.
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 ☐☐/☐☐/☐☐