Affix 1 Passport Photograph Here

> DO NOT STAPLE



APPLICATION FOR NEW STABLE EMPLOYEE REGISTRATION

Please Complete in Block Letter

Employee's Surname					
Forenames					
Employee's Address					
			Eirc	ode:	
Telephone No:			Date	e of Birth:	
•			Dut		
Employee Email Address:					
(Required)					
Trainer's Name:					
(As on Racecard)					
Date Employment					
Commenced:	A C			(D.C	-
Card Category	A Card (Full Time)			'B Card' (Part	:Time) 🗆
Please indicate the number of	0-8hrs □	8-16hrs			16+ hrs □
hours worked per week					
Do you currently hold an AIR	Yes 🗆	•	No		
Card in another capacity?	Rider Owner Train	ier 🗆			
Category of employment:	Blacksmith/Farrier	Office Admin	istrat	tor 🗆	Yard Person
	Horse Box Driver	Head Lad / G	irl		Race Day Help
(Please X as appropriate)	Rider	Security			Travelling Head Lad/Girl 🛛
	Manager \square	Groom			General Maintenance
Data Protection: For further information on our uses of your personal data, and your rights in relation to your personal data, please see the IHRB's Privacy Policy which can be accessed at www.ihrb.ie.	Purposes for which the data may be used: We will collect and use your personal data, such as your name and contact details and other personal details you have provided on this form, 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. In orde to properly and efficiently run racing, we may share the personal data you provide with HRI and foreign Turf Authorities for the purposes of administration of horse racing. Please tick here I if you wish to consent to your contact details being provided to the Irish Stable Staff Association.				
In addition, the contact details pro HRI website, <u>www.hri-ras.ie</u> and t Jockeys Pension Trust (IJPT), Irish J disclosed (this opt out option does	he Irish Field Directory, and lockeys Association etc. Plea	d disclosed to ase tick here if	the I	rish Racehorse do not wish fo	Trainers Association, Irish
Employee's Signature:					
Please note that all employees www.equuip4learning.com witl	•	•		•	
Trainer's Signature:		Trair	ners	HRI A/c No:	
Print Name:					
I hereby authorise you to de					

funds to cover this cost, otherwise your application cannot be processed).