



NEW ZEALAND THOROUGHBRED RACING INC

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C16: 12-04

APPLICATION FOR A GRANT FROM THE GENERAL TRUST FUND

This form should be completed on occasions of work related accidents only by:

- (a) Licensed Jockeys – As a “self employed” person a jockey does not receive any payment from the Accident Compensation Commission for the first week of incapacity.
(b) Employers of Apprentices and Stablehands – Seeking reimbursement of the first week’s wages due to their Employees and for which they are liable if the accident is work related.

I, ..... apply to the General Trustees for a grant in respect of loss of earnings during the first week of incapacity in connection with the accident which happened to me/my employee (delete where not applicable).

Name: .....

Place where accident occurred: .....

Date of accident: .....

State brief details of accident. (Medical Certificate to be attached)

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.....

I certify that at the time of my accident my Employee’s gross weekly wage was \$.....
(Employer to complete)

Signed: .....

Address: .....

Date: .....

Employers may also apply on behalf of their Apprentice to be considered for reimbursement of the loss of the first week’s riding fees, and for a Boarding Allowance to be paid to the guardian if the Apprentice is obliged to be absent from his Employer’s accommodation during the recuperation period.

In all cases where the period of disablement exceeds one week, the Accident Compensation Commission’s form of claim must be completed and forwarded to the nearest branch of the State Insurance Office.