

Maternity Support Scheme Application Form

Instructions to complete the Application Form:

Please complete the form below if you are a pregnant jockey or driver and would like to apply for funding under the Maternity Support Scheme (the **Scheme**).

Who is an Eligible Recipient?

An Eligible Recipient is a pregnant jockey or driver who meets the following criteria:

- (a) is an Australian citizen or permanent resident.
- (b) is a resident of Queensland.
- (c) has been licensed with the QRIC as a jockey or driver for at least 12 months prior to the date they are required to cease riding or driving under the applicable rules of racing.
- (d) has earned income primarily (at least 60%) from riding or driving in races over the previous 12-month period.
- (e) has or will have reduced income in the second or third trimester of pregnancy as a result of being required to cease riding or driving under the rules of their respective code of racing.

What supporting information do I need to provide with this Application Form?

An Eligible Recipient who applies to RQ for funding under the Scheme (**Applicant**) will need to provide the following documentation in support of their application:

- (a) a completed copy of this Application Form.
- (b) a medical certificate confirming their pregnancy and the date of the end of their first trimester.
- (c) evidence of earnings in the 12 months prior to the date they are required to cease riding or driving under the applicable rules of racing.
- (d) evidence that they are an Australian citizen (or permanent resident) and a resident of Queensland.
- (e) evidence of any additional income which they may expect to receive in the second and third trimesters of their pregnancy; and
- (f) any other evidence as may be requested by RQ for RQ to become satisfied that the Applicant is eligible to receive funding under the Scheme.

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Name	
Licence number	
Address	
Contact number	
Email address	
Date of end of 1 st trimester	
Expected due date	

1. Application Checklist

- ☐ I have **attached** a medical certificate confirming my pregnancy and the date of the end of my first trimester.
- ☐ I have **attached** evidence of my earnings in the 12 months prior to the date I was required to cease riding or driving under the rules of racing.
- ☐ I have **attached** evidence that I am an Australian citizen (or permanent resident) and a resident of Queensland.
- ☐ I have **attached** evidence of any additional income that I expect to receive in the second and third trimesters of my pregnancy (do not tick if you do not expect to receive any additional income in the second and third trimesters of your pregnancy).

Applications without the above supporting information will not be processed.

2. Privacy Statement

By submitting this Application Form, you understand and agree that Racing Queensland may use and disclose the personal information provided by you for the purpose of processing your application in accordance with the Maternity Support Scheme and for any of the purposes set out in Racing Queensland's Privacy Policy (available at www.racingqueensland.com.au/Privacy-Policy), which contains information about how you may access and seek correction of your personal information or complain about a breach of your privacy, and how Racing Queensland will deal with that complaint. Racing Queensland may also disclose your personal information to other parties, including Racing Queensland's third-party service providers. From time to time, these third parties may be located (and so your personal information may be disclosed) overseas, including in India, the USA and the UK, and other countries from time to time. You can request to access, update or correct any personal information we hold about you by writing to Racing Queensland's Privacy Officer at PO Box 63, Deagon QLD 4017 or sending an email to privacy@racingqueensland.com.au.



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3. Declaration

- ☐ I have read the Maternity Support Scheme.
- ☐ I declare that the information provided on this Application Form is true and correct.

Signature: _____

Name: _____

Date: _____

Please return your completed Application Form to Racing Queensland by email or post:

Email: OWHS@racingqueensland.com.au

Post: Attention: Workplace Health Safety & Welfare Manager
Racing Queensland Board (trading as Racing Queensland)
PO Box 63
Sandgate QLD 4017

