

Kennelhand Authorisation

APPLICANT DETAILS (use black ink and write within the boxes)

Title (Mr, Mrs, Other)														
First name														
Surname														
Date of Birth	d	d	m	m	У	У								
Home Address														
Post Code														
Telephone														
									•					

This form must be completed by the applicant in their own handwriting.

Please write inside the boxes.	Name of Trainer / Ow						
Q2	Do you hold a current (If yes, give details)						
Q3	Do you have a financial interest in any betting / betting exchange business? (If yes, give details)						
Q4	Are you in any way connected with a betting business? (If yes, give details)						
Q5	Have you been subject to any disciplinary action by any greyhound regulator? (If yes, please give details)						
Q6	Have you ever been refused a licence/authorisation by any greyhound regulator?						
Q7	Have you previously he regulator? (If yes, complete deta						
From MONTH YEAR	To MONTH YEAR	Licence Type	To whom / where licenced				

Greyhound experience Full details of experience of working with and training greyhounds to date, including any relevant qualifications

From	То	
MONTH YEAR	MONTH YEAR	

References Give names, addresses and occupations of two persons (preferably people connected with greyhound racing but not the employing trainer or any of your family members) to support your application. The prior consent of such persons should be obtained before submitting names.

(1)	Name	Address	Occupation						
			Telephone Number						
(2)	Name	Address	Occupation						
			Telephone Number						
Signe	d	(Applicant)							
Signe	Signed (Parent / Guardian if applicant is under the age of 18 years)								
I ackno	greyhound regulation, traceabi	ocht Con Éireann, in exercising its official lity and welfare purposes related to me. Stion does not entitle the bearer to freection by Racing Officials at all times							
For Of	ficial Use Only								
Date		Approved By	Stamp						
		1							