

Application for a permit to operate a rodeo school

*Please send your completed application, (as an ‘Individual’ applicant or ‘Body Corporate’ applicant, whichever is applicable), plus payment and supporting materials,* ***no later than 28 days*** *prior to the commencement date on which it is proposed to operate the rodeo school.*

***Note:*** *The applicant must provide evidence of current accreditation with an approved rodeo organisation (ARO) (unless applicant is an ARO).*

**Individual Applicants\***

Full Name:

Street Address:

Postal address (if different):

Contact phone number (landline):

Contact phone number (mobile):

Email address:

Other contacts (eg fax):

Name of the **ARO** that has accredited the applicant:

*Please attach supporting documentation for your ARO accreditation to this application.*

**Body Corporate Applicants**\*

For body corporate applicants, please provide the name and position of the person authorised to make this application on behalf of the body corporate. (*This person must be listed with the Australian Securities and Investments Commission (ASIC) as a registered officer of the organisation)*.

Full Name:

Position:

Body Corporate Name:

ABN:

Registered address:

Postal address (if different):

Contact phone number (landline):

Contact phone number (mobile):

Email address:

Other contacts (eg fax):

Name of the **ARO**  that has accredited the applicant:

*Please attach supporting documentation for your ARO accreditation to this application.*

Name of the registered officer of the organisation to be in attendance at the rodeo:

Contact mobile number for attending registered officer:

**\*select as applicable**

**Rodeo School Details**

Rodeo school facility:

 (e.g. field day site, arena, showground, sports oval, recreation reserve, sports ground, racetrack, private property)

Location of the rodeo school: Street address (incl. post code):

PIC:

List of all rodeo events:

Start date of the rodeo school:       Finish date of the rodeo school:

Estimated start time for each day:       Estimated finish time for each day:

Name of Instructor in Charge of the rodeo school:

|  |  |
| --- | --- |
| Names of rodeo school instructors for each class of instruction | Name of the approved rodeo organisation that has accredited instructor |
|       |       |
|  |  |
|  |  |
|  |  |

**Nominated Veterinary Practitioner**

Full name of nominated veterinary practitioner:

Street address of veterinary practitioner (incl. name of veterinary practice and postcode):

Postal address of veterinary practitioner (if different):

Veterinary practitioner’s email address:

Veterinary practitioner’s telephone number (landline):       (mobile):

Veterinary practitioner’s registration number:

[ ]  the nominated or appointed veterinary practitioner attending the rodeo has experience in attending cattle and horses, by having a minimum caseload of 20% for those species over the previous calendar year

**Supplier(s) of Stock**

**Please tick the appropriate box below advising whether stock used in the rodeo school, excluding competitor’s personal horses, are provided by additional accredited stock contractors.**

[ ]  all stock used in rodeo school are provided by permit holder

[ ]  stock used in the rodeo will be provided by the permit holder and/or another ARO-accredited stock contractor(s)

*Note: all stock used in the rodeo school, excluding competitor’s horses, must be supplied by either the permit holder or another accredited stock contractor. Stock cannot be used from any other source.*

If applicant is not the sole supplier of stock for the rodeo school, list the additional suppliers and the approved rodeo organisation that they are accredited under (use an additional sheet of paper if necessary)

Full Name:
Street Address:

Postal address (if different):
Contact phone number (landline):

Contact phone number (mobile):     .

Email address:

Other contacts (eg fax):

Name of the approved rodeo organisation that has accredited the additional supplier of stock:

*Please attach supporting documentation for their ARO accreditation to this application.*

**Animal Welfare Plan**

Have you provided information in the Animal Welfare Plan explaining how you will manage your responsibilities to the welfare of animals provided by another person?

[ ] Yes [ ] No

If you answered ‘**No**’ to this question, please provide an explanation as to how you will manage your responsibilities to the welfare of animals provided by another person? (use a separate sheet if necessary)

**Offences under the *Prevention of Cruelty to Animals Act 1986* (POCTA Act)or Prevention of Cruelty to Animals Regulations 2019 (POCTA Regulations)**

Please tick the boxes below regarding any previous offences under the POCTA Actor POCTA Regulations.

* Have you been found guilty of any offences under the POCTA Act or Regulations in connection with the operation of a rodeo or rodeo school?

[ ] Yes [ ] No

* Have you been served with an infringement notice in respect to the POCTA Act or Regulations that has not been withdrawn?

[ ] Yes [ ] No

If you answered ‘**Yes’** to either question, please provide details of the offence(s) below.

**Declaration**

I,

 (full name of applicant)

declare that:

**I will be responsible** for the supply of the stock to be used at the rodeo school operated under this permit and undertake to exercise due care to —

1. operate the rodeo school in accordance with the *Prevention of Cruelty to Animals Act 1986* (the Act) *a*nd Prevention of Cruelty to Animals Regulations 2019 (the Regulations), and all conditions contained in the permit
2. provide animals under my care at the rodeo school with facilities and conditions which conform to the prescribed minimum regulatory requirements and meet all relevant conditions contained in the permit.

**I have submitted** an Animal Welfare Plan, which:

1. describes the role(s) that any person assisting the applicant will undertake to monitor or discharge requirements under the Act or the Regulations;
2. describes the reporting and communication processes that will be implemented by:
	1. the applicant, and
	2. any person employed to assist the applicant and the nominated

 veterinary practitioner

 to support compliance with the Act or the Regulations;

Furthermore, **I declare** that:

1. I have obtained evidence that demonstrates that the nominated or appointed veterinary practitioner attending the rodeo school has experience in attending cattle and horses, by having a minimum caseload of 20% for those species over the previous calendar year
2. I have provided the names and addresses of any additional suppliers of stock to be used at the rodeo school, and the approved rodeo organisation that has accredited those persons
3. I have provided the names of *all* rodeo instructors for all classes of instruction, and the approved rodeo organisation that has accredited those persons.

**I acknowledge** that:

* the information contained in this application is true and correct;
* failure to comply with conditions of the Act, the Regulations and my permit could result in infringement notices, fines, court prosecution or revocation of the permit;
* if a body corporate applicant, I am authorised to sign this application on behalf of the body corporate.

**Signature:**      **Print name:**

**Print position in body corporate** (if applicable):      **Date:**

**Application Checklist**

Please ensure the below information is provided as appropriate. All applicants, both individuals and body corporates, need to ensure the information requested under ‘All Applicants’ is provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Individuals** |  | **Body Corporates** |  | **All Applicants** |  |
| Name | [ ]  | Company Name | [ ]  | Name of Accrediting ARO | **[ ]**  |
| Street or Postal Address | [ ]  | Registered Address | [ ]  | Evidence of Current Accreditation | **[ ]**  |
| Telephone Number(s) | [ ]  | ABN | [ ]  | Animal Welfare Plan | **[ ]**  |
| Fax Number(s) | [ ]  | Telephone Number(s) | [ ]  | Signed and Dated Form | **[ ]**  |
| Email Address | [ ]  | Fax Number(s) | [ ]  | Instructor details | **[ ]**  |
|  |  | Email Address | [ ]  | Rodeo school & Vet details | **[ ]**  |
|  |  |  |  | Prescribed Fee Provided | **[ ]**  |

**Fee Payment**

For the purposes of section 17C(2)(b) of the Act and regulation 150(3) of the Regulations, the prescribed fee for the issue of a rodeo school permit is 34 fee units, which equates to **$519.86. Note:** This fee is GST free.

**PLEASE PAY THE FEE USING THE INVOICE PROVIDED**

**Note:** This fee is exempt from the GST.

The Department of Jobs, Precincts and Regions ABN is 83 295 188 244

**Forwarding details**

The completed application form, signed declaration and prescribed fee, should be sent to the below email or postal address, to arrive not less than 28 days prior to the proposed commencement date of the rodeo school:

liane.holm@agriculture.vic.gov.au

OR

Project Officer – Rodeos

Department of Jobs, Precincts and Regions

PO Box 2500

Bendigo DC, Victoria 3554

**Privacy Statement**

Your personal information is provided to us for the purposes of administering the provisions of the *Prevention of Cruelty to Animals Act 1986*, specifically in relation to operation of a rodeo or rodeo school. We will only use or disclose information about you for this purpose, or where the *Privacy and Data Protection Act 2014* otherwise authorises the use or disclosure. Failure to provide this information to us may result in inability to process your application. For any questions about the collection and use of your personal information, contact Agriculture Victoria on 136 186. To gain access to this information, contact foi@agriculture.vic.gov.au.