



# Powerboat Racing Licence Application Form



## HOW TO APPLY & OTHER INFORMATION

All residents of Ireland who wish to take part in Powerboat Racing on the island of Ireland must hold a valid Powerboat Racing licence issued by the Powerboat Association of Northern Ireland

All residents of Ireland who wish to take part in International racing must hold a valid International Powerboat Racing licence issued by the Powerboat Association of Northern Ireland.

**(Powerboat Racing refers to Racing carried out under the authority of the UIM and its National Authorities)**

**1. APPLYING FOR YOUR LICENCE** Once you have completed all the required elements, you must return your form and all accompanying paperwork to the nominated official from your club. (please check directly with your club who this is) Your Club officials will then check the content of your application, sign it off as approved and return the application to the PBANI for processing.

Please be advised that all new or previously declared medical conditions will have to be approved annually by the medical panel before a licence can be processed and this can take up to 14 days. Please ensure that you allow plenty of time for your medical to be reviewed. Please also note that you cannot apply for a Fast-Track Application if your application has to be referred to the medical panel.

**2. BASIC LICENCE** This Licence will entitle the competitor to participate in Club Class & National Speed Record Attempts, Testing, and Club & National Racing Events. The licence will be issued following the competitor's satisfactory completion of the PBANI approved Powerboat Race Training Course and confirmation from the training centre that the applicant has passed. Competitors who have been absent from the sport for more than 2 years will have to undergo refresher training before being issued with a Basic licence. Cross-over licences applications between the various disciplines will be permitted following the passing of the relevant discipline Theory Tests and demonstration of competency. These applications are subject to the approval of the PBANI.

**3. FULL LICENCE (International)** This Licence will entitle the competitor to participate in Club Class, National or World Record Attempts, Testing, Club, National & International Events. Competitors wishing to upgrade to a full International Licence MUST compete in five Club or National Event rounds and demonstrate competence and ability to the satisfaction of the OOD. Competitors MUST present their Powerboat Racing upgrade form to the OOD prior to the drivers briefing, this will be signed by the Officer of the Day at the end of the event providing they are satisfied with the competitor's performance. International Licences will only be issued in the class you have upgraded in or as permitted by the rules.

All competitors applying for an international Powerboat Racing Licence must comply with all UIM Anti-doping requirements and complete the UIM declaration form included.

The PBANI reserve the right to issue an International Licence to those that can prove that they have the experience and are competent to hold an International Licence.

**4. UIM SUPER LICENCE Competitors** who race in F1, F2 & F4, must in addition to their PBANI International Licence hold a UIM Super Licence. UIM Super Licence application forms and procedures can be downloaded from the UIM web site [www.uim.sport](http://www.uim.sport)

All applicants are reminded that an additional UIM medical examination is required.

**5. TRAINING LICENCES** Training Licences are issued on-site. Training licences only permit competitors to take part in Powerboat Race Training and training races to complete basic training.



**6. Event Licence:** The event licence facility is available for competitor who have taken training and cannot commit to a full season racing or perhaps are unsure if they would like to take part in more than one or two races for the season. Competitors must complete the Event licence application form and Medical Self Declaration form which must be endorsed by a club in the normal way and returned to the PBANI with the licence fee, (NB: The applicant (if a Driver) will be required to provide a medical certificate if none was provided preciously or if over the age of 45, All other crew may be required to undergo a medical examination by the event doctor)  
An Event Licence will permit competitors to take part in Powerboat Racing for one event only. Competitors may be issued with a maximum of two Event Licences in any one season. The cost of the Event Licence/s will be deducted/ credited from the cost of a Full Licence if this is applied for in the same season.

**Please note that an Event licencing is for Club and National events only.**

- 7. T.U.E (Therapeutic Exemption Form)** Competitors are not permitted to consume any drugs, substances or products that are listed on the current WADA prohibition list. This list is regularly updated and can be viewed at [www.wada-ama.org](http://www.wada-ama.org). If you are currently taking prescribed medication that is included in the list, please ask the examining Doctor to fill in and sign the TUE exemption form. This form is an extremely important document should a competitor be subject to an anti-doping/Drug test. Competitors are also reminded that any medication prescribed by your doctor after your licence has been issued should be checked on the WADA list and a TUE form submitted to the PBANI.
- 8. DRUG AND ALCOHOL ABUSE** — Powerboat Racing has a ZERO tolerance policy on drugs & alcohol. Failure to comply with this policy would be classified as "bringing the sport into disrepute".
- 9. IMMERSION TEST & MICRODIVE** If you are participating in a class that requires an Immersion Test & Microdive qualification i.e. restraint / canopied boats, then you must have undertaken your test before applying for your licence.  
An alternative diving qualification to Microdive may be produced along with evidence that you have dived in the past 12months  
Immersion Training Information is available from the PBANI.
- 10. DECLARATION OF MEDICAL FITNESS TO RACE**— Basic and International Licenced competitors are required to have a medical examination when your 1<sup>st</sup> licence application is submitted and annually if over the age of 45. After you have been issued with a licence it is important to let us know if your level of fitness has declined during the season, either through accident, injury or illness. It is imperative to make sure that you are fully fit before participating. **PLEASE THINK CAREFULLY BEFORE PARTICIPATION.**
- 11. LICENCE WITHDRAWAL (following Injury)** - You will be required to declare whether you have suffered any injuries or trauma during an event. If you are injured during a Powerboat Racing Event and are sent to hospital for examination or treatment, then your Licence will be withdrawn by the organisers and your Licence returned to the PBANI. You must get a doctor's signature declaring you fit before you can race again, and your Licence will be reissued.
- 12. NEXT OF KIN FORMS** — Please fill out the Next of Kin Form included and return with your application. It is important that you keep this information up to date at each event.
- 13. POWERBOAT RACE NUMBER, LOG BOOKS & MEASUREMENT CERTIFICATES**  
Please fill out the required information on the relevant form and confirm the race number you would like to apply for and an alternative 2nd choice. Race numbers only allocated and confirmed to licenced competitors or when registering your Logbook/Measurement certificate. Please remember to return this request with your licence application form.



# LICENCE APPLICATION FORM

THIS PAGE TO BE COMPLETED BY APPLICANTS & CLUB OFFICAL

## COMPETITOR DETAILS – PLEASE COMPLETE IN BLOCK CAPTIALS

|                                    |   |
|------------------------------------|---|
| <b>Title</b> (Mr,MRS,MASTER, MISS) | <b>Date of Birth:</b>   |
| <b>Full Name:</b>                  | <b>Age in Years:</b>  |
| <b>Address:</b>                    | <b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> |
| <b>Post Code:</b>                  | <b>Affiliated Club:</b>   |
| <b>Home No :</b>                   | <b>Website:</b>   |
| <b>Mobile No:</b>                  | <b>Email :</b>  |

## ACTIVE PBANI AFFILIATED CLUBS MUST ENDORSE THIS LICENCE PRIOR TO SUBMISSION

**This form should only be signed and submitted to the PBANI when completed accurately**  
I, the undersigned, certify that I know of no reason why this licence should not be issued, and that the applicant is a member of this club/association. This application also complies to the best of my knowledge, with the rules of licence renewals or first application.

|                  |                    |
|------------------|--------------------|
| <b>Club:</b>     | <b>Date:</b>       |
| <b>Address:</b>  |                    |
| <b>Position:</b> | <b>Signed:</b>     |
|                  | <b>Print Name:</b> |

## IMMERSION & MICRODIVE TEST INFORMATION

*If you are racing in a class that requires an Immersion & Microdive Test (i.e. restrained/canopied boats) then you must have undertaken your test before applying for your licence.*

|   |   |
|---|---|
| <b>Immersion Test Date:</b>                                       | <b>Microdive Test Date:</b>                 |
| <b>Immersion Test with Air:</b>                                   | <b>Unique Student No:</b>                   |
| <b>Immersion Test With Canopy:</b>                                | <b>Immersion Test with Neck Restraint:</b>  |
| <b>Immersion Test Centre:</b> Waterworld <input type="checkbox"/> | Other <input type="checkbox"/> State Other: |

An alternative diving qualification to Microdive may be accepted as long as it is traceble and still current

## Microdive Refresher Location & Date:

Microdive Refresher courses must be taken annually after the initial qualification is obtained. As an alternative, evidence of diving via approved centres within the previous year will need to be produced in place of a Microdive refresher course.

**DON'T FORGET TO ENCLOSE 2 PASSPORT SIZE PHOTOGRAPHS (no larger than 2" X 1 ½ ")**  
Attach one to the medical section (page 7) before you are seen by your doctor



**CLASSES AND STATUS RACED**

**Note: You must only select classes that you are competent / beginner status in. Only the greater application fee will be charged.**

**FAST TRACK SERVICE –£/€50 will be added to licence fee if you require documentation less than seven working days before an event or £/€100 for less than 48 hours. \* Fast Track not available to applications that need to be referred to the medical panel**

| Class   | Cost £ | Basic ✓ | Cost £ | International ✓ |
|---|--------|---------|--------|-----------------|
| <b>UIM SUPERLICENCE FEE TO BE PAID DIRECT TO UIM – PLEASE SEE UIM WEBSITE FOR DETAILS</b> |        |         |        |                 |
| Event Licence   | 50     |         | N/A    |                 |
| F4 / HS850 Catamaran  | 75     |         | 100    |                 |
| T850 Mono-hull  | 75     |         | 100    |                 |
| Formula Future / Class 3J / GT15 (Junior)   | 25     |         | 50     |                 |
| P750 Driver *   | 75     |         | 100    |                 |
| <i>P750 (Co-Driver) *</i>   | 75     |         | 100    |                 |
| Pleasure Navigation Mono-hull (Driver)  | 75     |         | 100    |                 |
| Pleasure Navigation Mono-hull (Co- Driver) *  | 75     |         | 100    |                 |
| Marathon (all classes) Driver   |        |         | 100    |                 |
| <i>Marathon (all classes) Co-Driver/Navigator *</i>                                       |        |         | 100    |                 |
| <i>Marathon (all classes) Crew ➤</i>  |        |         | 75     |                 |
| Offshore 3A Driver  | 75     |         | 100    |                 |
| Offshore 3A Co-Driver Navigator *   | 75     |         | 100    |                 |
| Rib (All classes) Driver  | 75     |         | 100    |                 |
| <i>Rib (All classes) Co/Driver/Navigator *</i>  | 75     |         | 100    |                 |
| <i>Record Attempt Skipper and /or Navigator</i>   |        |         | 100    |                 |
| <i>Record Attempt Licence ( Crew) #</i>   |        |         | 50     |                 |

**\* If you are trained as both Driver and Co-Driver/Navigator, Please just tick ✓ Driver**

**➤ Marathon Crew cannot Drive or Navigate**

**# All crew must hold a Licence, if also applying for a racing licence please apply the larger cost figure**

**PAYMENTS**

Please purchase the relevant Voucher from the Shop on our website. [www.PowerboatNI.org](http://www.PowerboatNI.org)

Once Purchased, **Place the receipt Voucher number in the space provided below**

Voucher Number

**You must be a member of an affiliated club or a direct associate member to apply for a powerboat Racing Licence**

I prefer an invoice and to pay by electronic transfer Yes No (Delete as appropriate)

**Fast Track Service: The following fee will be added if you require your licence:**

7 days £50  Or 48 hour or less £100

**The Medical Declaration must be answered in full by all applicants for a PBANI Powerboat Racing Licence**



**PART 1. MEDICAL DECLARATION**

|            |                |
|------------|----------------|
| Full Name: | Date of Birth: |
| Address:   |                |
|            | Post Code:     |

|                                |
|--------------------------------|
| Name & Address Regular doctor: |
|                                |

| QUESTIONS FOR APPLICANT: | Yes/<br>No |
|--------------------------|------------|
|--------------------------|------------|

|  |  |  |
|--|--|--|
| Have you ever been rejected, or accepted at increased premium, for life insurance on medical grounds?          |  |  |
| Have you ever been treated for or do you now have, or have you ever had any of the following medical problems: |  |  |
| 1  | Have you ever suffered from a psychiatric illness, mental disorder or behavioural issue (including ADHD/depression)?                                   |  |
| 2  | Head Injury associated with unconsciousness or concussion, or which require a stay in hospital for observation or investigation?                       |  |
| 3  | Heart disease or disorder or conditions causing shortness of breath on exertion?   |  |
| 4  | High blood pressure requiring investigation treatment?   |  |
| 5  | Diabetes?  |  |
| 6  | Epilepsy (when sleeping or awake), fits dizziness (vertigo), fainting attacks or blackouts of any duration?  |  |
| 7  | Disease, Injury or operation to either eye?  |  |
| 8  | Any abnormality or restriction of power or range movement in any arm, leg, cervical (neck) (spine)?  |  |
| 9  | Is your eyesight normal? (if no also see question below)   |  |
| 10   | Is your eyesight normal with spectacles or other correction? When racing with the correction to you wear GLASSES/CONTACT LENSES (delete as applicable) |  |
| 11   | Are you taking any medication on a regular basis (prescribed or non-prescribed)? If Yes see below  |  |

Please declare below the condition being treated & the nature of the medication & provide a copy of a valid prescription:

|  |
|--|
|  |
|  |

**Note: Please answer all questions** – Your licence may be delayed if this form has to be returned to you for completion  
If Yes has been answered for any of the questions, please supply full details on a separate sheet.

**EXTRA MEDICAL INFORMATION**

If you wish to add to the simple Yes or No answers, please refer to the relevant section and comment on a separate sheet giving details of Hospital or Consultant (Specialist) with dates if possible.  
I declare that the statements made to the PBANI in Part 1 regarding my physical and mental condition and any previous injury or illness is true and accurate. I further declare that if subsequent to being granted a licence I should suffer any illness or accident which might be liable to affect its validity I will declare this to the PBANI so that the PBANI can consider whether I should take part in subsequent competition.  
If information is withheld, misleading or false, you may be liable to suspension of your PBANI licence.  
I authorise any hospital or medical practitioner to provide information relating to my medical condition to the PBANI Medical Officer for the purpose only of helping that Doctor decide if I am fit to undertake powerboat racing.  
If there is a declared medical condition or prescribed medication listed in the relevant sections of this form, then by signing this application I consent to this application being shared with the appropriate PBANI committee or panel for review

|                               |       |
|-------------------------------|-------|
| <b>Signature of Applicant</b> | Date: |
|-------------------------------|-------|



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**A Medical Certificate is required in the following circumstances**

- 1) If you are a Competitor who has not supplied a Doctor's Certificate before. (Navigator exempt for an event licence but may be required to undergo a medical by medical personnel onsite at an event)**
- 2) All competitors aged over 45 Years old.**
- 3) If you have answered "YES" to questions 1-8 in the Medical Self declaration.**

**PART 2A – MEDICAL NOTES FOR THE EXAMINING DOCTOR:**

Competitors in powerboat races held under the jurisdiction of the UIM and the PBANI affiliated clubs are required to pass the PBANI approved medical examination.

No Powerboat Racing licence will be issued until the Medical Examination Form is completed and signed by a Registered Medical Practitioner.

Competitors are required to declare any physical or mental disability.

Competitors must sign the declaration which permits the PBANI to request details of their medical history from their General Practitioner or from any hospital or other practitioner.

For this reason, the examining Doctor is asked to ensure that his full address is entered upon the form. The fees for the Medical Examination and any Specialist Examinations are the responsibility of the applicant (competitor) and not the PBANI, and would normally be expected to follow the guidelines currently recommended by the BMA.

The medical examination should be carried out to a standard similar to that required for Life insurance. Diabetics may apply to the PBANI Medical Officer for the issue of a licence to be considered. Epileptic applicants will not be issued for a licence to race.

Applicants who have had, or still suffer from the following may be regarded as unfit to hold a powerboat licence:

- (i) Myocardial infarction
- (ii) Myocardial ischaemia
- (iii) Coronary artery by-pass surgery
- (iv) Serious valvular disease of the heart or other cardio vascular conditions which give rise to cardiopulmonary problems
- (v) Severe hypertension which has given rise to cardiopulmonary problems
- (vi) Misuse/abuse of alcohol or illicit drugs in the last 3 years

Amputations of any type could be incompatible with fitness to race apart from minor amputations of one or two fingers where the normal function of the hand is unimpaired. Absence of a thumb could also be incompatible with fitness. Where the functioning of the limbs is limited free movement should not be less than 50% or normal capability.

Patients requiring the use of any orthopaedic appliance should declare this so that specific consideration can be made of the case by the PBANI Medical Officer.

**Eyesight:**

Normal binocular vision is required with full visual fields, normal eye movements and normal stereoscopic vision. Normal colour vision is required. (Note: if colour deficiency – this can be referred to PBANI Medical Officer for second opinion)

The vision in each eye to be at least 6/9 either before or after correction

If glasses or contact lenses are worn this should be stated on the form

Contact lenses may be worn provided there is reasonable vision in both eyes without the lenses in place.

The visual acuity in each eye to be stated both with and without the contact lenses in place

Email: [Contact@powerboatni.org](mailto:Contact@powerboatni.org)



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The examiner should bear in mind that powerboat racing may take place at high speeds over turbulent water in confined areas, or upon waters used by the public, when considering the suitability of the application (competitor).

**Note:** Some Alternative Medical Certificates may be acceptable providing the medical examination conforms to the PBANI criteria (subject to approval of Medical Panel). These certificates are only valid in the year in which they were originally issued; therefore, an annual medical examination is still required under 45's for subsequent years





This section must be completed by a Registered Medical Practitioner. Doctors are asked to review the answers to Part 1 and to read the notes before completing part 2B.

|   |   |  |
|---|---|--|
| <b>1. Competitor's Full Name (print)</b>  |   | <b>DOB:</b>  |
| <b>DOCTOR'S STAMP</b>   |   | CURRENT PHOTOGRAPH<br><br><b>Affix photo.</b><br><br>Doctor to confirm this is the person who was examined by<br><b>SIGNING ACROSS PHOTO</b> |
| 2.  | Are you the registered medical practitioner of the applicant?   | YES / NO   |
| 3.  | Is there evidence of abnormality of the Heart, Cardiovascular or Respiratory Systems?   | YES / NO   |
|   | Blood pressure reading  | / mmHg   |
|   | Has the applicant had an ECG?   | YES / NO   |
|   | If YES was this normal? <b>If abnormal provide report.</b>  | YES / NO   |
| 4.  | Is there evidence of physical or mental condition, past or present, which should, in your opinion, debar the applicant from competitive powerboat racing? | YES / NO   |
| 5.  | Is there any abnormality or restriction of movement of arms or legs?  | YES / NO   |
| 6.  | Vision – UNCORRECTED  | R eye ____/____<br>L eye ____/____   |
|   | Vision – CORRECTED <b>with method used for racing</b> (specify method)  | R eye ____/____<br>L eye ____/____<br>Glasses / contact lenses   |
|   | Pupil reaction – light and accommodation  | R eye: NORMAL / ABNORMAL<br>L eye: NORMAL / ABNORMAL   |
|   | Field of vision   | R eye: NORMAL / ABNORMAL<br>L eye: NORMAL / ABNORMAL   |
|   | Is there any abnormality of colour vision?<br>If Yes can they distinguish between Red and Green   | YES / NO<br>YES/NO   |
| 7.  | Specify findings of urine analysis  | Protein____ Glucose____<br>Blood____   |
|   | Urine Tested within 12 months?  | YES / NO   |
| 8.  | Has the applicant been prescribed any medications in the past 12 months?<br><b>If YES please list medications below and the reason for taking.</b>        | YES / NO   |
|   | In your opinion is any of the medication likely to interfere with the applicant's ability to partake in powerboat racing?                                 | YES / NO   |
| 9.  | Is there any evidence that the applicant has misused drugs or alcohol in the past 3 years?  | YES / NO   |
| Further details (if necessary continue on separate sheet, attach, <b>stamp and sign each sheet</b> ).   |   |  |
| Should a Doctor not approve the applicant, the Medical Examiner's Report should NOT be signed, but should be forwarded to the PBANI with his/her comments recommending whether or not the applicant should be referred to the PBANI Hon. Medical Officer. |   |  |
| <i>This is to certify that I have today examined the applicant in accordance with the requirements of this form 2B and advisory notes, and declare that in my opinion he/she is fit to drive a powerboat in competitive races.</i>                        |   |  |
| <b>Doctor's Signature</b>   |   | <b>Print Name:</b>   |
| <b>Date:</b>  | <b>Qualifications:</b>  |  |



PART 3. APPLICATION FOR POWERBOAT RACING LICENCE – to be signed at bottom of form

DECLARATION

- a) I will not take any action which brings the UIM, the PBANI or the sport into disrepute.
b) I agree to be bound by the rules of the UIM and the PBANI.
I agree not compete in any event which is in conflict with the aims and rules of the UIM or its Na's.
I confirm that my application meets these requirements.
c) I do not hold, and will not apply for a licence from another national authority whilst my PBANI licence remains valid.
d) I understand that I can only hold 1 powerboat racing licence per calendar year with my rightful National Authority, (a PBANI licence can be upgraded and classes added during the season)
e) I understand that it is my responsibility to familiarise myself with each specific Risk Assessment & Advance Programme / Race Instructions relating to the events that I compete in and that it is also my own responsibility to ensure that the event organiser has adequate insurance cover in place at each event.
f) The medical certificate has been completed and signed.

g) Identification of Risk

I am fully aware and conscious of the actual and potential risks involved in active water sports, including drowning, hypothermia, physical injuries or death.
I accept that, by engaging in active water sports, my physical safety could be endangered. I am also aware that other competitors' actions, or inactions of the organisers of water sports events, including the drivers of safety craft, can also endanger my physical safety.

h) I have read and understood the General Racing rules in the UIM class specific rules, to which my licence refers, and the International Regulations for Preventing Collisions at Sea.

I am aware that Harbour Authorities apply bye-laws and regulations and I agree to conform to such bye-laws and regulations when using their waters.

I am aware that non-compliance of any of the above rules and regulations could result in PBANI disciplinary action. To the best of my knowledge the information given on this form is correct and complete.

i) Acknowledge of Risk

I acknowledge that it is up to me personally to assess whether any event or activity on the water is too difficult for me or my crew. I acknowledge that the safety of my boat and her entire management including insurance is solely my responsibility, and I am satisfied that the boat and crew are adequate to face the conditions that may arise in the course of the race.

I acknowledge that scrutineering does not constitute a condition survey of the craft and it is solely my responsibility to decide whether or not to start or to continue in any powerboat race. I acknowledge that the efficiency of the helmets, Neck Restraints, Lifejackets & Racing vests worn is solely my responsibility.

I have read, understood and agree to abide by the rules set out in the relevant UIM Rule books.

I also confirm that I have read & understood the Powerboat Racing Charter and Risk Statement.

NOTE: THE PBANI RESERVES THE RIGHT TO REFUSE THE ISSUE OF & REVOKE AT ANYTIME, A POWERBOAT RACING LICENCE AT ITS DISCRETION.

APPLICANT'S SIGNATURE.....

If the applicant is under the age of 18 years this declaration shall be countersigned by parent or guardian. Such signature shall be deemed as approval for the PBANI to issue the licence for which application is made.

If applicable, Parent or Guardian's Signature.....



**THERAPEUTIC USE EXEMPTION  
STANDARD TUE**



**THIS ONLY NEEDS TO BE COMPLETED IF YOU ARE TAKING PROHIBITED MEDICATIONS**

(please check the World Anti-doping Agency (WADA) website for conformation – [www.wada-ama.org](http://www.wada-ama.org) )

A standard TUE application MUST accompanied by detailed medical evidence otherwise it will be returned to the athlete, see section 6.

**This Form needs to be returned to the PBANI for Endorsement before it is permitted for use.**

**Please complete all sections clearly & legibly**

**1. Athlete Information**

|   |                          |                              |                          |                          |                          |
|---|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|
| Surname:  |                          |                              |                          | Give Names               |                          |
| Sex:  | Male                     | <input type="checkbox"/>     | Female                   | <input type="checkbox"/> | Date of Birth            |
| Address   |                          |                              |                          |                          |                          |
| County  |                          | Country                      |                          | Post Code                |                          |
| Mobile Number   |                          | Home Number (with area code) |                          |                          |                          |
| Sport   |                          | Discipline                   |                          |                          |                          |
| International Federation/Governing Body                                       |                          |                              |                          |                          |                          |
| Are you competing at an International, National Level or Below? (please tick) |                          |                              |                          |                          |                          |
| International   | <input type="checkbox"/> | National                     | <input type="checkbox"/> | Domestic/Local           | <input type="checkbox"/> |
| If you are an athlete with a disability, please indicate disability:          |                          |                              |                          |                          |                          |
|   |                          |                              |                          |                          |                          |
|   |                          |                              |                          |                          |                          |

**2. Medical Information**

|   |
|---|
| Diagnosis with sufficient medical information (see section 6) |
|   |
|   |
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|   |
|   |
|   |
|   |



If permitted medication can be used to treat the medical condition, provide clinical justification for why you have the requested use of the prohibited medication:

|  |
|--|
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|  |
|  |
|  |
|  |
|  |
|  |
|  |

**3. Medication Details**

| Prohibited Substance (s)<br>Generic Name | Dose | Route | Frequency |
|--|------|-------|-----------|
| 1.                                       |      |       |           |
| 2.                                       |      |       |           |
| 3.                                       |      |       |           |

|   |                          |           |                          |
|---|--------------------------|-----------|--------------------------|
| <b>Intended duration of Treatment – please tick below</b> |                          |           |                          |
| Only Once   | <input type="checkbox"/> | Emergency | <input type="checkbox"/> |
| Or duration (week/month)                                  |                          |           |                          |

|  |                          |              |                          |                     |                          |
|--|--------------------------|--------------|--------------------------|---------------------|--------------------------|
| <b>Have you submitted any previous TUE applications?</b> |                          | <b>Yes</b>   | <input type="checkbox"/> | <b>No</b>           | <input type="checkbox"/> |
| For which substance:                                     |                          |              |                          |                     |                          |
| To whom?   |                          | When?        |                          |                     |                          |
| Decision: please tick below                              |                          |              |                          |                     |                          |
| Approved   | <input type="checkbox"/> | Not Approved | <input type="checkbox"/> | UK Sport TUE Number |                          |

**4. Medical practitioner’s declaration:**

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.

|                                  |  |                    |           |
|----------------------------------|--|--------------------|-----------|
| Name                             |  | Medical Speciality |           |
| Address                          |  |                    |           |
|                                  |  |                    | Post Code |
| Telephone Number                 |  | Email              |           |
| <b>Signature of Practitioner</b> |  |                    | Date      |

**5. Athlete’s Declaration**



I..... certify that the information under Section 1 is accurate and that I am requesting approval to use a substance or method from the WADA Prohibited List. I authorise the release of personal medical information to the Anti-Doping Organisation (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) also the UIM Medical Panel, and to other ADO under the provisions of the Code. I understand that if I ever wish to revoke the right of these organisations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact.

|                           |  |      |  |
|---------------------------|--|------|--|
| <b>Athletes Signature</b> |  | Date |  |
|---------------------------|--|------|--|

If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete.

|                           |  |      |  |
|---------------------------|--|------|--|
| Parent/Guardian Signature |  | Date |  |
|---------------------------|--|------|--|

### 6. Important Note

**Diagnosis:**

- Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.
- Standard TUE applications are reviewed by an independent panel of three medical experts. Please bear in mind that the quantity and relevance of the supporting medical evidence supplied can have an impact on the application’s outcome.

Please submit the completed TUE form to the PBANI, along with your completed Licence Application form. **If this Form is produced without the PBANI stamp & department endorsement it is NOT VALID**

|                        |                         |
|------------------------|-------------------------|
| <b>OFFICE USE ONLY</b> | <b>Validation Stamp</b> |
| <b>Name:</b>           |                         |
| <b>Signature:</b>      |                         |



Boat Number:

**Next of Kin/Persons to inform in the event of a serious accident**

All competitors MUST give the names of the person they wish to be informed in the event of a serious incident as well as the address and telephone number where the person/s will be ON THE DAY OF THE EVENT. The PBANI will return this form to you with your licence and you must produce it for endorsement at each event that you enter along with your licence.

IN THE EVENT OF A SERIOUS ACCIDENT, THE RACE OFFICIALS WITH THE ASSISTANCE OF THE AUTHORITIES WILL ENDEAVOUR TO INFORM THE FOLLOWING PERSON/S ON BEHALF OF THE NAMED CREW MEMBERS.

**COMPETITOR**

|  |  |      |  |
|--|--|------|--|
| Drivers Name   |  |      |  |
| Person to Inform Name  |  |      |  |
| Relationship   |  |      |  |
| Address  |  |      |  |
| Phone Number   |  |      |  |
| Do you have any allergies, injuries or taking any medication prescribed or un-prescribed that we should know about, Please list: |  |      |  |
|  |  |      |  |
| Drivers Signature  |  | Date |  |

If any of the above details change, please complete a new 'next of Kin' form.

**Boat Number Registration**

Please fill in the relevant box with your preferred Race Number & return with your application form

| Classification of Boat  |                        | 1 <sup>st</sup> Choice | 2 <sup>nd</sup> Choice |
|-------------------------|------------------------|------------------------|------------------------|
| P750                    | numbers 2-99 inclusive |                        |                        |
| OCRI                    | numbers 2-99 inclusive |                        |                        |
| T850 & Clubman Monohull | numbers 2-99 inclusive |                        |                        |
| F4/ HS850               | numbers 2-99 inclusive |                        |                        |
| Marathon                | numbers 2-99 inclusive |                        |                        |
| Rib                     | numbers 2-99 inclusive |                        |                        |
| Class 3                 | numbers 2-99 inclusive |                        |                        |