Front View (compulsory) Profile (optional)

Attach passport size photo here photo here

Self-exclusion notice											
Section 1: Details of person seeking exclusion (block letters please)											
Surname:					Given n	ames:					
Address:							F	Postco	ode:		
Gender: N		Male 🗌	Fer	male 🗌	Date of	birth:					
Phone number:											
Section 2: Details of exclusion (block letters please)											
I wish to exclude myself from the following venue (name and address of venue):											
For a period of		(minimum 3 months), from					to				
Insert X to i Exclusion A		areas of se	lf-exclu	sion (more	than one	e can be	ticked) w	/hich is	s calle	ed 'the	
Entire premises											
Gaming area											
Keno											
Table games											
Gaming machines											
TAB											
Other (for e	, Lotto)		Provide o	details:	<u> </u>						

Section 3: Request for & terms of self-exclusion

- a) I request that I be excluded from the Exclusion Area for the period set out above which, subject to the cooling off period is "the Exclusion Period".
- b) I am the person named in this notice and shown in the attached photograph.
- c) I am aware that there is a 3 day cooling off period after I sign this notice. The Exclusion Period will come into force when the cooling off period finishes unless I notify the Licensee, during the cooling off period, that I have changed my mind.
- d) I will not go into the Exclusion Area during the Exclusion Period.
- e) If I breach this notice by going into the Exclusion Area during the Exclusion Period:
 - I will immediately tell a staff member of the Licensee that I am self-excluded from the area; and
 - ii. I authorise the Licensee to take any steps it sees fit to stop me gambling in the Exclusion Area including removing me from the Exclusion Area.
- f) If I gamble in the Exclusion Area during the Exclusion Period then I acknowledge that any such gambling is at my own risk.
- g) If I gamble in the Exclusion Area during the Exclusion Period, contrary to this notice, and as a result suffer financial loss, then I agree not to make any claim against the Licensee for any financial or other loss that I may sustain as a result.
- h) I have read and I understand this notice and attached information. I have freely decided to exclude myself from the Exclusion Area for the Exclusion Period on the terms and conditions in this notice.
- i) All references to "Licensee" mean the holder of the licence to conduct gambling activities in the Exclusion Area and includes the employees, contractors or agents of the Licensee.

Signature of applicant:	Date:	
Signature of witness:	Date:	
Address of witness:	Postcode:	

Information

This Self-Exclusion Notice is an important document. You should make sure you have read and understood it before filling it out. You should consider whether you need independent legal advice on its contents.

The information provided below is a brief outline of the self-exclusion process and the rights and responsibilities of parties involved in self-exclusion. In each instance where a Licensee is mentioned, the same information applies to a permit holder.

Further information and assistance in relation to the self-exclusion process may be obtained from: Policy Officer: (08) 8999 1800

Licensing, Regulation and Alcohol Strategy, Department of Business

Process

A person seeking self-exclusion from a venue should contact the Licensee of the venue to discuss their wish to be self-excluded. If after considering the information provided by the Licensee a person wishes to be self-excluded they should complete a Self-Exclusion Notice. Self-exclusion is available for a minimum period of three (3) months, but may be for such longer period as requested. Self-exclusion takes effect three (3) days after the Self-Exclusion Notice is signed by the Licensee. The three day period is called the "cooling off" period and gives the applicant time to think about the decision and change their mind if they wish. A Self-Exclusion Notice lodged with the Licensee of the venue cannot be reversed after the end of "cooling off" period. Self-Exclusion Notices must be completed in full and may be lodged in person or by post. If you wish to be self-excluded from more than one venue, a separate notice must be completed and provided to the Licensee of each venue.

Rights and Responsibilities of the Excluded Person

- A self-excluded person must not try to enter any part of a venue they are excluded from during the period of self-exclusion.
- Should a self-excluded person enter any part of the venue from which he or she is self-excluded, that person must advise the Licensee's staff immediately when the person enters the self-exclusion area.
- A self-excluded person accepts that if contrary to a Self-Exclusion Notice they gamble in an area they are excluded from they do so at their own risk and they will not make any claim for any losses they may suffer.

Rights and Responsibilities of the Licensee of the Venue

- The Licensee must provide information about the assistance available to a person wishing to self-exclude.
- The Licensee must remove a self-excluded person's name from player loyalty mailing lists promoting gaming activities during a period of self-exclusion.
- If a self-excluded person is discovered in, or attempting to enter, an area they are excluded from, the Licensee will take reasonable steps to prevent the self-excluded person's further participation in the gambling activities therein including prohibiting their entry or continued presence in the area.

Getting Help

If you require any further information on assistance available, you can contact:

24 Hour Gambling Help Line: 1800 858 858

Amity Community Services Inc Freecall NT Wide: 1800 858 858 Address: 155 Stuart Hwy, Parap Email: habitwise@amity.org.au Website: http://www.amity.org.au

Anglicare

Darwin Area: (08) 8985 0000

Email: reception@anglicare-nt.org.au

Alice Springs: (08) 8952 0377

Email: alicefinancialcounsellor@bigpond.com

For further information – Licensing NT

Darwin

Level 3, NAB House 71 Smith St Darwin NT 0800 GPO Box 1154 Darwin NT 0801 t: (08) 8999 1800 f: (08) 8999 1888

Alice Springs

f: (08) 8951 5112

Level 1, The Green Well Building 50 Bath St Alice Springs NT 0870 PO Box 8470 Alice Springs NT 0871 t: (08) 8951 5195

Katherine

Ground Floor, Randazzo Building 18 Katherine Terrace Katherine, NT 0850 PO Box 2138 Katherine NT 0851 t: (08) 8973 8810 or (08) 8973 8811 f: (08) 8973 8867