Self-referral form

Application  Revocation

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Aliases:** |  | | |
| **Date of birth:** |  | **Gender:** |  |
| **Address:** |  | | |
| **Phone***:* |  | **Email:** |  |

To confirm my identity, I have provided a copy (photocopy or photo) of at least one type of ID:

|  |  |
| --- | --- |
| **Type** | **Card number** |
| Driver licence |  |
| Passport |  |
| Evidence of age card |  |
| Firearms licence |  |
| NT Ochre Card |  |
| Australia Post Keypass Card |  |

I wish to be subject to a banned drinker order (BDO), which will place me on the BDR and prohibit me from purchasing, possessing or consuming alcohol for the period of the order.

**I would like to be subject to a BDO and placed on the BDR for:**

3 months  6 months  12 months

I understand that I can choose to revoke the BDO and remove myself from the BDR at any time by submitting a request in writing, noting that any application or revocation may take up to 2 business days to process.

I am aware that if I am issued a BDO by police, my self-referred BDO is automatically revoked, and the conditions of the police-issued BDO will apply.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Email this application and a copy of your ID to** [**bdr.health@nt.gov.au**](mailto:bdr.health@nt.gov.au)You can also lodge this application at a police station, to be emailed on your behalf

**Collection and Privacy Notice**

The information you provide on this form is collected by the Department of Health (NT Health) for the purposes of you applying to be placed on the BDR under section 14 of the *Alcohol Harm Reduction Act 2017*.  The personal information you provide will be managed in accordance with the Information Privacy Principles contained in the *Information Act 2002* (NT) and will only be collected, stored, used and disclosed in a manner that accords with privacy laws.  We will not disclose your personal information to a third party unless we are authorised or required by law to do so or you give us your consent to share your personal information for a specific purpose.  If you have concerns with regard to the privacy of your information or would like to know more about accessing your information, please contact NT Health, Legal Services at legal.health@nt.gov.au.