Application By Family/Carer/Guardian for the Making of a Banned Drinker Order

Date of application: Click here to enter a date.

**REFERRER DETAILS:**

Name: Click here to enter full name.

Applicant Type: Choose an item.

Contact details: Click or tap here to enter text.

**REFERRED PERSON DETAILS**

Name: Name of referred person Gender: Choose gender

Aliases: All known aliases

Date of Birth: Date of birth DD/MM/YYYY

Indigenous Status: Choose an item.

Interpreter Required: Choose an item.

Preferred Language: Click or tap here to enter text.

Does the person have photo ID: Choose an item.

Address: Address

Contact: Best contact details

Did the applicant tell the person about the application: Choose an item.

State the reason for the application. Provide details of alcohol misuse and the effect on the health, safety and wellbeing of the person or others.

Click or tap here to enter text.

Email this application to BannedDrinkerRegister.doh@nt.gov.au

**BDR REGISTRAR USE ONLY**

Confirmation of BDO sent