

# SELF EXCLUSION PROGRAM PARTICIPATION FORM



## APPLICATION FOR SELF EXCLUSION

### GENERAL INFORMATION

Full Name:

If Known By Other Name Please Specify:

Date Of Birth:

Home Address:

Street:

Suburb:

State:

Postcode:

Phone:

Preferred Postal Address – If Same As Home Address Tick This Box

Street:

Suburb:

State:

Postcode:

### CONSENT TO CONTACT

Do you consent to RWWA contacting you as necessary regarding your self exclusion?

Yes – RWWA may contact me by mail or telephone as necessary regarding my self exclusion

No – Please do not contact me by mail or telephone regarding my self exclusion

### EXCLUSION VENUES

Please note that "Exclusion Venues" includes all retail TAB outlets including PubTABs ClubTABs and internet and telephone account betting.

### CONSENT TO CONTACT

Please be aware that upon signing this form (subject to the cooling off period) you will be excluded from the exclusion venues described above until such time that RWWA approves an application to revoke your self exclusion (minimum 12months). It is important to note that revocation of your self exclusion is at RWWA's discretion AND it is a requirement that you must have undertaken counselling sessions with Gambling Help WA or another recognised gambling help organisation (details available on request).

I understand that once my self exclusion is in place, I will not be able to revoke it for a minimum of 12 months ND until I have participated in the required counselling AND my application is approved by RWWA.

## TERMS AND CONDITIONS

It is important that you understand the following terms and conditions of RWWA's Self Exclusion Program.

1. Entry to the self exclusion program is voluntary and will result in exclusion from all wagering activities at all "Exclusion Venues" for the duration of the "exclusion period".
2. "Exclusion venues" is defined as "all retail TAB Venues including PubTABs, ClubTABs, internet and telephone account betting services".
3. "Exclusion period" is defined as "ongoing, (minimum of 12 months) until such time that the participant applies to RWWA for Self Exclusion Revocation, completes the requirements of RWWA's Self Revocation Program AND RWWA approves revocation of a self exclusion".
4. RWWA retains the right to approve or decline a participant's application for Self Exclusion Revocation.
5. Customers applying to revoke their self exclusion consent to RWWA disclosing their personal information to Gambling Help WA for the sole purpose of making contact to arrange counselling. A customer may refuse this offer of counselling however it must be noted that counselling is a requirement for an application to revoke self exclusion.
6. Self Exclusion Program participants agree that they will not attempt to participate in any wagering activities at any Exclusion Venue as described in 2. Above for the Exclusion Period.
7. RWWA and WA TAB Agencies will endeavour to exclude Self Exclusion Program Participants from wagering activities at exclusion venues however no responsibility or liability is taken if a participant is inadvertently offered or extended service.
8. The signing of any document for the purpose of participating in the Self Exclusion Program is not intended to create a legally binding relationship between the parties and does not impose any legal obligations or responsibilities upon RWWA, any Exclusion Venue or any individual associated in any way with those entities.
9. An application for Self Exclusion can be withdrawn by the applicant, in writing within 48 business hours of signing the Self Exclusion Participation Form. This time is referred to as the "cooling off period".
10. After the cooling off period has passed an application cannot be withdrawn and the participant will be subject to the "Exclusion Period" as described in 3. Above.
11. As per the terms of condition 3. "Exclusion Period" above a participant may apply for Self Exclusion Revocation only after a minimum exclusion period of 12 months.
12. It is a requirement of the Self Exclusion Revocation Program that participants seeking revocation of their self exclusion must participate in specifically structured counseling sessions with Gambling Help WA or another recognized gambling help organisation.
13. Prospective Participants may obtain independent legal advice regarding their participation in RWWA's Self Exclusion Program.
14. A participants personal information including but not limited to their photograph will be distributed to all "Exclusion Venues" for the sole purpose of enforcing a participants self exclusion. This personal information will not be available to the general public and will be treated in accordance with RWWA's privacy policy.

## ACCEPTANCE

I have read and understood the Terms and Conditions governing RWWA's Self Exclusion Program. By signing below I accept those terms and conditions and voluntarily exclude myself from Exclusion Venues as elected on this form for the exclusion period.

SIGNATURE:

DATE:

**OFFICE USE ONLY – TO BE COMPLETED BY VERIFYING OFFICER**

## WITNESS DETAILS

The person named in this document has signed above in my presence.

SIGNATURE:

DATE:

FULL NAME:

POSITION: