

## SELF-EXCLUSION ENROLMENT FORM

I wish to enrol onto the SENSE\* system to voluntarily self-exclude from all land based casino premises operated locally and nationally which are participating in the SENSE scheme. I accept that this will result in me being Nationally Excluded from all casinos which display the Playing Safe SENSE Logo. I acknowledge that I have a gambling problem.

\*SENSE is operated on behalf of the members of the National Casino Forum. For a full list of participating casinos go to [www.playingsafe.org.uk](http://www.playingsafe.org.uk)

I understand and agree to the following Terms and Conditions:

- 1 I always have the primary responsibility for excluding myself from casinos.
- 2 SENSE offers a voluntary self-exclusion agreement between myself and all the casinos in the Playing Safe SENSE scheme (the "participating casinos") to help me to self-exclude.
- 3 The information I have provided in the SENSE enrolment form is accurate.
- 4 I agree that (a) the information and photograph I have provided, (b) any information provided by operators that is directly related to my self-exclusion and (c) any additional information provided by the participating casinos or any of them that relates to breaches or attempted breaches by me or that may be useful to support my wish to be excluded from casino gambling, can be:
  - 1) circulated to other participating casinos and
  - 2) made available to all persons authorised to access the SENSE system and
  - 3) used by each participating casino for the purposes of completing their regulatory returns to the Gambling Commission.
- 5 The minimum period of self-exclusion is 6 months and I cannot be removed from SENSE enrolment within that period.
- 6 The end date of any existing self-exclusion agreements in place with one or more of the participating casinos will be varied in order to substitute in its place the end date of the SENSE voluntary self-exclusion once a SENSE enrolment application has been processed and I have thereby self-excluded through SENSE.
- 7 Within seven days of my enrolment with SENSE, my membership of, and loyalty schemes held with, participating casinos will be closed.
- 8 I will not enter or attempt to enter any casino premises whilst enrolled in SENSE and should I do so I will be considered to have breached this agreement.
- 9 Participating casinos will not be held liable for any matter whatsoever if I enter a casino whilst self-excluded through SENSE.
- 10 Money staked by me and any winnings arising therefrom may be forfeited if I gain entry to a participating casino and gamble whilst self-excluded through SENSE.
- 11 A 24 hour time period may be required to elapse before I am allowed to enter a casino premises after my initial request for removal from SENSE.
- 12 REMOVAL from SENSE does not reinstate ANY membership that I may have or ANY loyalty scheme I may participate in.
- 13 To protect my vital interests and to enable compliance by the participating casinos with their legal obligations and to enable use of the information referred to at point 4 above in connection with statistical purposes, I agree that such information will be retained and the data relating there to may be processed for as long as the self-exclusion through SENSE is in place AND for a minimum of three years thereafter should I request removal from SENSE.
- 14 I have been advised that it is in my own best interests not to take part in any form of gambling and I have been informed as to where I can obtain further advice about problem gambling.

I release from any liability whatsoever the officers and employees of (a) each and all of the participating casinos, (b) the National Casino Forum and (c) the treatment providers listed on [playsafe.org.uk](http://playsafe.org.uk) and acknowledge that I have no claims of whatsoever nature against them or any of them in the event that I fail to comply with this agreement or any part of it.

I have read and I understand the above conditions.

DATE

SIGNED

## SELF-EXCLUSION ENROLMENT FORM

FIRST NAME*	
MIDDLE NAMES (if any)	
FAMILY NAME*	
TITLE* (e.g. MR/MRS/MS/DR)	
IS THE PERSON KNOWN BY ANY OTHER NAMES?	<div></div> (IF YES PLEASE ENTER THE FULL ALTERNATIVE NAME)
DATE of BIRTH* (DD/MM/YYYY)	<div></div>
SEX* (PLEASE TICK)	<div><div></div>MALE</div> <div><div></div>FEMALE</div>
NATIONALITY*	
ADDRESS*	
POST CODE*	
COUNTRY*	
TELEPHONE	
MOBILE	
EMAIL ADDRESS	
DATE*	
ENROLEE SIGNATURE*	

Please attach  
a recent  
photo here\*

Applications must be  
accompanied with a  
recent photo

Fields marked with a \* are  
mandatory

### FOR INTERNAL USE ONLY

MANAGER NAME\*  
(PML HOLDER)

MANAGER  
SIGNATURE\*

COMMENTS

DATE SUBMITTED  
FOR PROCESSING\*

(STAFF) I CONFIRM THAT I HAVE EXPLAINED THE SCHEME ☐ (PLEASE TICK)

(STAFF) I CONFIRM I HAVE VERIFIED THE IDENTITY OF THE PERSON ☐ (PLEASE TICK)