

# Application to Revoke Deed of Exclusion from Gambling

If you would like help completing this form, including assistance from an interpreter, please contact: any ACT licensed gambling venue; the ACT Gambling Support Service on 1800 858 858; or the ACT Exclusion Support team on (02) 6207 0359 (option 3) or by email [exclusionsupport@act.gov.au](mailto:exclusionsupport@act.gov.au).

## Part 1: Applicant Details (\*indicates compulsory field)

First Name*		Surname*	
Middle Name		Date of Birth*	
Email Address		Phone No.	
Address Line 1*			
Town/Suburb*		State*	
Postcode*			
Mailing address (if different)			

I request to be contacted by the ACT's Gambling Support Service:

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If you tick this box, a qualified counsellor from the ACT Gambling Support Service will contact you to provide confidential support, free of charge. Or you can contact them 24 Hours, 7 days a week by calling 1800 858 858.

## Part 2: Revocation Terms

I request that the deed of self-exclusion I entered into on    /    /    (date) be revoked. I no longer wish to be self-excluded from the gambling licensees I nominated in that Deed.

I understand that there will be a minimum period of seven (7) days before my self-exclusion ceases to have effect. During this seven (7) day period the ACT Gambling and Racing Commission (the Commission) will endeavour to contact me to confirm my intention to end this self-exclusion.

I understand that after my self-exclusion is revoked each gambling licensee I was self-excluded from, may wish to meet with me to determine whether my gambling poses a serious threat to my welfare or the welfare of my dependants before allowing me to return to their venue/s.

## Part 3: Declaration

Signature of Applicant ..... Date: ..... / ..... / .....

By signing this form, you:

- are consenting to the collection, use, and authorise the disclosure of, your personal and sensitive information to the venues as indicated in the Deed you entered into (as nominated above) and as set out in the Privacy Notice.
- acknowledge that you have read and understood the Privacy Notice.
- acknowledge you have read and accept the terms set out in this Application.

## Part 4: Privacy Policy

Your personal and sensitive information, as collected in this form, will be uploaded into the ACT Gamblers Exclusion Database and will be only visible to the licensee(s) nominated by you on your Deed of Self-exclusion, the ACT Gambling and Racing Commission and Access Canberra. Your personal and sensitive information will be collected and handled in accordance with relevant privacy laws, the Privacy Notice available at <https://www.cmtedd.act.gov.au/legal/privacy> and any privacy policies or notices of the participating venues, or other related organisations that may assist you with the collection.

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## Part 5: For Venue or Commission Use Only

Location/Licensee where application was received .....

Name of person who received this application .....

Signature of person who received this application..... Date:..... / ..... / .....

TIS interpreter – job reference (if used).....

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*There are many ways for people experiencing gambling harm to get information and support. The ACT Gambling Support Service provides free, confidential, counselling, financial counselling and support to people experiencing gambling harm. This service is contactable through the National Gambling Helpline 1800 858 858 which is available 24 hours a day, seven days a week. Online information, self-help and support are also available at Gambling Help Online at <https://www.gamblinghelponline.org.au/>.*



### Gambling & Racing Commission

GPO Box 158, Canberra City ACT 2601

ACT Gambling Exclusion Scheme

☎ 6207 0359 (option 3)

✉ [Exclusionsupport@act.gov.au](mailto:Exclusionsupport@act.gov.au)

🌐 [gamblingandracing.act.gov.au](http://gamblingandracing.act.gov.au)

[gambling-help/exclusion-support](http://gambling-help/exclusion-support)

