

## ACT Gamblers Exclusion Database User Application Form

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### 1. Venue Details

Venue Name

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### 2. Applicants Details

Full Name

Job Title

Gambling Contact Officer      Yes  
    No

Date of Birth

Contact No.

E-mail Address

Note: This e-mail address will be used by the system for communicating password resets and exclusion notifications, for security purposes please ensure the e-mails are only accessible by the applicant.

I acknowledge I have read and accept the 'Non Disclosure & Confidentiality Agreement' on page two of this application.

Applicants Signature

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### 3. Venue Verification

I verify the applicant to maintain the following level of access to the Exclusion Database. I will also ensure the Commission is notified as soon as practicable when the applicants access to the database is no longer required.

User Types      Venue Operator  
                                 Venue Read Only

User Types: **Read Only** access is limited to viewing exclusion data which includes the exclusion slide show and access to the catalogue report.

User Types: **Venue Operators** will have full access to the database which includes all read only capabilities plus creating exclusions, revoking exclusions, creating incidents, running various reports and creating new users.

Managers Name

Managers Signature

## **ACT Gamblers Exclusion Database Non Disclosure and Confidentiality Agreement**

1. The ACT Gamblers Exclusion Database (ACTGED) contains sensitive and confidential information. ACTGED users may only access and make use of this information as appropriate, for the purpose for which it was collected and in the course of their employment at an ACT licensed gambling venue.
2. I the applicant on this form agree:
  - that if exposed to any information or data that may or may not be classified or sensitive, I will hold the information in trust and will not convey that information to any third parties without written authority from a duly authorised ACT Government employee;
  - to protect the confidentiality of my ACTGED logon password and I will not provide my logon details to any other persons;
  - that all access to the ACTGED database is logged and subject to audit;
  - to accept responsibility for the confidentiality of any reports or information in printed or electronic format I cause to be generated or printed from ACTGED; and
  - to advise the ACT Gambling and Racing Commission when I no longer require access to ACTGED in the course of my employment.
3. Failure to comply with this agreement will render the applicant liable to penalties as described in the appropriate Act(s) applicable to the information disclosed.

### **Privacy Policy**

Personal information supplied by an applicant is collected, used and stored in accordance with the Privacy Act 1988 and the ACT Gambling and Racing Commission's privacy policy. A full copy of the Commission's privacy policy may be obtained either from its website at [www.gamblingandracing.act.gov.au](http://www.gamblingandracing.act.gov.au) or by contacting the Commission's Privacy Contact Officer on telephone 6207 0359.

In accordance with the Information Privacy Principles you are able to gain access to any personal information held about you by the Commission.

**Please forward** the signed application to the ACT Gambling & Racing Commission at either:

**Fax:** 02 62077372

**E-mail:** [exclusionsupport@act.gov.au](mailto:exclusionsupport@act.gov.au)

**Mail:** Po Box 214, Civic Square, Canberra ACT 2608