

# TRUST HOUSE FOUNDATION

## GAMING EXCLUSION ORDER

### INDIVIDUAL DETAILS

PLEASE PRINT

This order applies to:

Address

Phone Number

D.O.B

/

/

### NATURE OF EXCLUSION:

- IDENTIFIED AS PROBLEM GAMBLER (PER HARM MINIMISATION POLICY)
- SELF EXCLUSION

### EXCLUDED PERSON IS ADVISED OF THE FOLLOWING ASSISTANCE:

- URGENT ACCESS TO COUNSELING AGENCIES CAN BE ARRANGED
- EXCLUSION ORDER APPLIES TO ALL TRUST HOUSE GAMING VENUES
- HELP HAS BEEN OFFERED TO EXTEND EXCLUSION ORDER TO OTHER GAMING PROVIDERS

### THIS EXCLUSION ORDER SHALL APPLY FOR A PERIOD OF:

- SIX MONTHS
- ONE YEAR
- TWO YEARS
- OTHER \_\_\_\_\_

**NOTE:** This exclusion order will only be rescinded after the Trust House Foundation has considered information from the excluded person.

- THE EXCLUDED PERSON HAS A COPY OF THIS ORDER

### SIGNED

PLEASE SIGN

Excluded Person

Signature

Name

Outlet: All Venues

All Venues

Date

Venue Manager

Signature

Name

I allow Trust House to take my photograph and distribute it to other Trust House outlets to aid in identification to assist me in my exclusion.

Signed .....  
Excluded Person

Fax to 06 378 8324