

WARNING: In some cases it is not safe for a person to suddenly stop drinking and withdraw from alcohol alone. It is for this reason that anyone wishing to self exclude using the Count Me Out Alcohol Self Exclusion Program must first be assessed by a Health Care Professional such as a doctor, registered nurse or other suitably qualified person.



Alcohol Self Exclusion Agreement – ASE1

Please read this agreement carefully before completing and signing it.

Please complete this section

Your address:.....
 Title: Mr/Mrs/Miss/Ms (delete as appropriate)
 First name(s): Post code:
 Family name: Email:
 Date of birth: / / Contact Tel:

Please read this agreement carefully before completing and signing it. Once completed please take forms ASE1 and ASE2 to a suitably qualified Health Care Professional, along with a recent colour photograph and a form of photo ID. If you have downloaded this form from the internet please ensure you complete 2 copies each of forms ASE1 and ASE2.

I request that I be refused alcohol in all 'Count Me Out' members premises that I have listed on form ASE2 dated / / for a period of: 6 months (minimum) [] 12 months [] 3 years [] 5 years []

I fully understand the consequences of self exclusion and accept that I am not allowed to modify, revoke or rescind my self-exclusion prior to the expiry of this agreement. I understand that my self-exclusion will include 'Count Me Out Alcohol Self Exclusion' member's premises that join the scheme after the commencement of this agreement.

I will not attempt to purchase or consume alcohol in the premises named and indicated on form ASE2 and in the unlikely event that I purchase or consume alcohol, I will not make any claim against N.S.E.P CIC, a 'Count Me Out' member, manager, employee or worker for the return of any monies paid for the alcohol or otherwise once the event has been completed.

I release N.S.E.P CIC and all 'Count Me Out' members, their managers and employees from any liability or claims in the event that I fail to comply with this voluntary self exclusion. I understand that if I attend any of the 'Count Me Out' member's premises that I have chosen to exclude myself from as set out in this agreement during the term of the exclusion and I attempt to purchase or consume alcohol, I will be requested to leave the premises. If I refuse and or become a trespasser I will be removed.

I accept and agree to other 'Count Me Out' members, Support Agencies and Counsellors being made aware of this self exclusion, my activities during it and accept that they will update N.S.E.P CIC regarding my activities in their premises and other licensed premises. I agree to my details including my photograph being held on a central database for the entire period of the agreement and for it to be shared with other 'Count Me Out' members. I agree to be contacted by NSEP CIC or other help groups in order that my self exclusion can be reviewed and evaluated.

Signed (Excluded person) Print Name Date

This section to be completed by a suitably qualified health care professional.

I am (name)..... and I am employed as a (job title)
 for (agency/organisation name)
 At (time) On the day of (month) (year)
 I was working at (address)
 Post code

when I spoke to and assessed (name of person) Following this assessment and based upon the information provided it is my opinion that it **is/is not*** safe for the above named person to stop drinking alcohol and participate in the Count Me Out self exclusion program. I understand, and have informed the above named person that the final decision to implement their self exclusion will be made by authorised persons from the Count Me Out team.

I was **handed/took*** a photograph of (name of person)
 I can confirm without any doubt that the person handing me this form and form ASE2 is the person shown on the photograph. I have printed 'I (your name) certify that this is a true likeness of (excluded persons name)' on the back of the colour photograph and signed and dated it.

I am happy for a member of the Count Me Out Team to contact me to verify the above information is correct. (* delete as appropriate)

Signed Print name
 Date / / Contact telephone number including STD code

Please hand one copy of ASE1 and ASE2 to the person self excluding. The other copy of the forms is to be sent to Count Me Out head office together with the signed photograph of the person. We recommend you also retain copies for your records. Please Note: A good quality digital photograph of the excluded person (taken on a digital camera or mobile phone) can be sent via email or MMS to info@countmeout.org.uk. Please include the excluded person's name in the message.

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