

**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 Premises Notification – ASE2

Please read this agreement carefully before completing and signing it.

**Please complete this section**

Title: Mr/Mrs/Miss/Ms (delete as appropriate) First name(s): .....

Family name: ..... Date of birth: ..... / ..... / .....

I understand that this document forms part of my Self Exclusion Agreement and that once completed I need to take forms ASE1 and ASE2 to any suitably qualified health care professional such as a Doctor or registered nurse, along with a recent colour photograph and a form of photo ID. I 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' members' premises that join the scheme after the commencement of this agreement. I understand that I can identify a 'Count Me Out' members' premises by the logo (top left) and that I can obtain an up-to-date members list by visiting [www.countmeout.org.uk](http://www.countmeout.org.uk). I agree to the information on this form being held on a central database and for the information to be shared with 'Count Me Out' Members, support agencies or counsellors.

Signed (Excluded person)	Print Name	Date
.....	.....	.....

PLEASE SELECT FROM THE FOLLOWING:

I wish to exclude myself from all 'Count Me Out Alcohol Self Exclusion' members' premises in the County of:  
.....

I wish to exclude myself from all 'Count Me Out Alcohol Self Exclusion' members' premises in the Council District of:  
.....

I only wish to be excluded from the following named premises that are members' of the Count Me Out Alcohol Self Exclusion Scheme:

1. Premises name: ..... Address: .....  
..... Town/City: ..... Post code: .....
2. Premises name: ..... Address: .....  
..... Town/City: ..... Post code: .....
3. Premises name: ..... Address: .....  
..... Town/City: ..... Post code: .....
4. Premises name: ..... Address: .....  
..... Town/City: ..... Post code: .....
5. Premises name: ..... Address: .....  
..... Town/City: ..... Post code: .....

**Your description.** How would you describe yourself?

Male [ ] Female [ ] Age ..... Height ..... Build .....  
Hair colour ..... Hair description ..... Colour..... Accent..... Glasses: Yes [ ] No [ ]

Signed (Excluded person)	Print Name	Date
.....	.....	.....