COUNT ME OUT
Alcohol Self Exclusion Program

DO NOT DISPLAY IN A PUBLIC PLACE

Not to be viewed by members of the public

PRIVATE AND CONFIDENTIAL – FOR STAFF EYES ONLY

Self Exclusion Staff Awareness Log – ASE4

Attach Photo Here

Name of excluded person:

.....

Date of birth: ..... / ..... / ..... Male [ ] Female [ ]

Period of self exclusion:

Start date: ..... / ..... / ..... Expiry date: ..... / ..... / .....

I here by certify that I have seen the attached photograph and been made aware of (name of person)..... period of self exclusion that expiries on (date) ..... The Alcohol Self Exclusion Program has been explained to me. I accept and understand that the attached image can only be viewed by employees of this company and members of the AlcoholSelf Exclusion Program and the image and information about the self exclusion must not be shown to or passed on to any members of the public. I agree not to display any information or images relating to this self exclusion agreement in any public place and will ensure no member of the public views it. I understand that all documentation and images must be destroyed by authorised personnel by shredding at the end of the self exclusion period. I indemnify N.S.E.P. CIC and (company name) ..... in respect of any damages and costs it incurs as a result of me breaching any of these Terms and Conditions. I agree to indemnify and hold N.S.E.P. CIC and (company name) ..... and its subsidiaries, affiliates, employees, officers, agents or partners harmless from and against any direct loss or damage (including consequential loss and loss of profits, goodwill or business opportunities) arising from any third party claim in relation to documentation and images relating to this self exclusion agreement or my breaching of any of these Terms and Conditions.

Please sign below to acknowledge you have read and understood the above Terms and Conditions and have been made aware of this self excluded person and their image:

Date	Print Name	Signature	Witness