



National under 18s Gambling Exclusion Consent Form – SE1-U18
Please read this agreement carefully before completing and signing it.

Please complete this section

Address:.....

Title: Mr/Ms (delete as appropriate)

Young persons first name:

Family name:

Date of birth: / / Age:

Post code:

Please read this consent form and the agreement carefully before completing and signing it. Once completed please take this form and forms SE1, SE2 and SE3 to any 'Count Me Out' members premises or to a designated, responsible person along with two recent colour photographs and a form of photo ID for yourself and the person being excluded. If you have downloaded the agreement forms from the internet please ensure you complete 3 copies each of forms SE1, SE2 and SE3.

I agree to the above named person being refused entry to all 'Count Me Out' members premises that I have listed on form SE2 dated / /

for a period of: 6 months (minimum) [] 12 months [] 5 years [] Please note all Count Me Out self exclusions remain in place until a positive request to gamble again is made.

I confirm that I am an appropriate adult over 18 years of age for the above named person and consent to this exclusion taking place.

I fully understand and have explained the consequences of self exclusion to the above named person and they accept that they are not allowed to modify, revoke or rescind their self-exclusion prior to the expiry of this agreement. I have explained that their exclusion will include 'Count Me Out' member's premises that join the scheme after the commencement of this agreement.

They have agreed not to attempt to place a bet of any sort within the premises named and indicated on form SE2 or SE3 and in the unlikely event that the bet is accepted, no claim will be made against N.S.E.P. CIC, a 'Count Me Out' member, manager, employee or worker for the return of any stakes placed or otherwise once the event has been completed.

We 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 the above named person fails to comply with this voluntary self exclusion. I understand and have explained that if the above named person attends any of the 'Count Me Out' member's premises that they have chosen to exclude themselves from as set out in this agreement during the term of the exclusion and they are identified by staff, they will be requested to leave the premises. If the above named person refuses and or becomes a trespasser they will be removed.

I accept and agree to other 'Count Me Out' members, Support Agencies and Counsellors being made aware of this self exclusion and accept that they will update N.S.E.P. CIC regarding the above named persons activities in their premises and other gambling premises. I agree to the above named persons details including their 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 both myself and the above named person being contacted by N.S.E.P. CIC or other help groups prior to the termination of this agreement in order that it can be reviewed and evaluated.

I understand and have explained to the above named person that their self-exclusion will remain in place indefinitely unless they make a positive request to N.S.E.P. CIC or a 'Count Me Out' member in order to gamble again after the expiry of their self-exclusion period. I accept and have explained that a one day cooling off period will then be enforced, before they are permitted to gamble again. I accept that any decision to gamble again can be made by the self excluded person and no appropriate adult consent is required and no notification will be passed to the appropriate adult signing this form.

Signed (Excluded person)

Print Name

Date

.....

.....

.....

Signed (Appropriate adult)

Print Name

Date

.....

.....

.....

This section to be completed by Count Me Out Member or designated, responsible person

I am (name)..... and I am employed as a (job title)

for (company name)

At (time) On (day) (date) (year)

I was handed this consent form by They told me they were the appropriate adult of (name of self excluding person)

The appropriate adult showed me photo ID of themselves in the form of (please specify)

Signed Print name

Date / / Contact telephone number including STD code

COUNT ME OUT MEMBERS AND DESIGNATED PERSONS PLEASE FAX COMPLETED FORM TO 01502 531988.

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