

Delegation/Training Register

Staff name and badge number			
Job title (circle)	Licensee Director gaming manager gaming employee	Date appointed	Date Form 21 and form of Identification uploaded to BOEN
	Has a delegation been granted to bar patrons	Yes/No	If yes is a copy of the delegation on file Yes/No
Role, responsibility and duties as set out in this document			
Read and understood	_____ Signed	_____ Date	
Gaming related training undertaken	Basic Training (or equivalent if undertaken prior to 30 June 2015)	Date completed Date certificate uploaded to BOEN	Certificates/Proof of training on file Yes/No
	Advanced Training (or equivalent if undertaken prior to 30 June 2015)	Date completed Date certificate uploaded to BOEN	Certificates/Proof of training on file Yes/No Date further training is required: _____ _____ _____ _____
Other training (including in-house, Gaming Care/AHA)	Details	Date completed	Certificates/Proof of training on file
Responsible Gambling Document Read and understood	_____ Signed	_____ Date	

By signing this form staff acknowledge that they have read and understood the venue's policies and procedures.