

# Gambling Help Service Consent Form

## Private and Confidential

**Attention:** Gambling Help Manager/Worker  
**Gambling Help Service:** .....  
**Fax number:** .....  
From (venue manager): .....  
Venue: .....  
Phone: .....  
Date: .....

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### Message:

I consent to my details being sent to your gambling help service and for you to contact me in regard to my gambling. I understand that you will contact me within 5 working days of having received this form.

My details are:

Name: .....  
Phone: (h).....  
(w).....  
(m).....  
Home address: .....  
.....  
.....

The best time to contact me is: .....

The best method to contact me is:.....

Signed .....

Venue signature .....

*Information contained in this facsimile message may be personal and/or confidential. If you are not the intended recipient, any use, disclosure or copying of this document is unauthorised. If you have received this document in error, please call the sender.*



Government of South Australia  
Department for Families  
and Communities



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