

Gambling Help Service Consent Form

Private and Confidential

Attention:

Gambling Help Service Manager

Gambling Help Service:

Fax Number:

Venue Name:

Venue Contact Name:

Phone:

Date:

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)

(m)

(w)

Address

The best time to contact me is

The best method to contact me is

Patron's Signature

Staff Member's Signature

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