

# RSG 3 (Formerly Further Advanced Gaming Training) Booking Form

aha|sa  
Australian Hotels Association (AHA)

Gaming  
CARE  
The Responsible Gaming  
Licensing Agency

Australian Hotels Association (AHA)

WHO NEEDS TO DO THIS COURSE? All gaming employees who have previously completed RSG 2 must complete this training within two years of the completion of the initial RSG 2.

The training is offered two ways: -

Attend VIRTUALLY via zoom, in real time and engaging with other Hotels and the Trainer. Virtual training will require your staff member to have a device with a camera and a microphone (no smart phones).

OR

Complete Online via the AHA|SA Training Portal. The on-line course allows your staff to log in at anytime and anywhere and complete the course at their own pace. It will be the venues responsibility to ensure their staff complete the training in a timely manner and within the Code's requirements.

I wish to enrol my staff member into the Online course via the AHA|SA Training Portal

I wish to enrol my staff member into a Virtual course via Zoom (please tick next available course date)

April course dates are full

~~RSG 3 – Wednesday 8 May 2024 FULL~~

~~RSG 3 – Tuesday 21 May 2024 FULL~~

RSG 3 - Thursday 23 May 2024

RSG 3 - Wednesday 5 June 2024

RSG 3 - Tuesday 18 June 2024

**Details of one staff member per form please**

Email to: [training@ahasa.asn.au](mailto:training@ahasa.asn.au)

AHA|SA Members \$70 per participant

Non-Members \$95 per participant (Non members must pay at time of booking)

Staff members name \_\_\_\_\_ DOB \_\_\_\_\_

Badge Number \_\_\_\_\_ Staff member email address \_\_\_\_\_

Existing Advanced or Further Advanced certificate number and training provider \_\_\_\_\_

## DETAILS OF AUTHORISED PERSON TO MAKE TRAINING BOOKING

Hotel Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Contact Person's email \_\_\_\_\_ Contact Person's phone \_\_\_\_\_

### PAYMENT DETAILS FOR NON MEMBERS

Please charge \$ \_\_\_\_\_ to my credit card, details provided below:

Credit Card Number: [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ] Exp: \_\_\_\_ / \_\_\_\_ CCV: \_\_\_\_  
(VISA or MASTERCARD only)

Cardholders Name: \_\_\_\_\_

Signature: \_\_\_\_\_ To understand how the information on this form may be used by the AHA|SA please consult the AHA|SA Privacy Policy available at [www.ahasa.asn.au](http://www.ahasa.asn.au) or by emailing [information@ahasa.asn.au](mailto:information@ahasa.asn.au)