

## Consent to monitor my gambling activities

Gambling provider name \_\_\_\_\_

### Customer details

Customer's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Territory \_\_\_\_\_ Postcode \_\_\_\_\_

Membership no. (if applicable) \_\_\_\_\_ Phone no. \_\_\_\_\_

### Consent to monitor

As a gambling provider, this hotel has a commitment to promoting responsible gambling under the *Queensland responsible gambling Code of Practice* (Code of Practice).

In view of the concerns brought to your attention, this hotel requests your consent to monitor your gambling activities in order to meet its obligations under the Code of Practice. This may consist of any or all of the following:

- the operational observations of staff performing their day-to-day venue duties
- information provided by a third party adjudged to have a close personal interest in your welfare
- recording and assessing the visitation rate/time spent at a gambling activity
- information concerning your gambling expenditure and/or personal details supplied to the gambling provider
- if a player account exists, assessing your average account depletion rate.

### Customer declaration

I acknowledge that the venue has raised concerns about my gambling activities and I consent to the monitoring of my gambling activities as outlined above.

Customer signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorised person details

Name \_\_\_\_\_

Position (customer liaison officer/manager/other) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_