Employee Declarations and Consents

For use by gambling providers who have been approved or authorised under the *Authorised Betting Operations Act 2000*

When to use this form

This form should be used by employees of gambling providers who have been approved or authorised under the *Authorised Betting Operations Act 2000* when seeking that they be provided with access to the Barring and Online Employee Notification (BOEN) system.

Gambling provider details	
Gambling provider name:	Licence/registration number:
User details	
Given names:	Phone:
Surname:	Email:
Street address:	Date of birth:
Suburb:	Preferred method of contact:
Postcode:	

Required documents

In support of your application, please provide:

• a copy of photographic identification for the user, such as a current driver's licence or passport.

Declarations and security agreement

,		declare and ackno	wiedge that:		
the details I have provided are correct					
I am not proh	I am not prohibited from carrying out duties as a gaming manager or gaming employee				
my details will be entered into BOEN and may be viewed by employees of the gambling provider					
an account w	ill be created (if one does not alread	dy exist)			
I will be issue	d with a username and password ar	nd:			
• I will no	ot disclose the password to any othe	er person			
• I will only access BOEN for legitimate work purposes and will treat the information held in BOEN as confidential.					
Username Gambling provide	User signature er Authorised repre	Date s esentative signature Date s			
Administration	use				
User ID	Created by	Date created	Initials		
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