



Gaming Machine Act 2004 Sections 85 and 86

APPLICATION FOR AN APPROVED ATTENDANT CERTIFICATE

**** <u>Important</u> Information for Applicants****

- 1. This application <u>must be completed in full</u> in black or blue print. Any question or section left unanswered or blank may result in the application form being returned to the applicant OR may result in the application not being considered. If a question does not apply or there is nothing to disclose insert "N/A".
- 2. As part of the application process an applicant is required to undergo fingerprinting through the Australian Federal Police (AFP). Appointments can be made by telephoning the AFP on 6245 7351.
- Applicants must also complete and submit to the AFP a "Consent to Obtain Personal Information" form available from the AFP website: <u>http://www.afp.gov.au/business/national_police_checks.html</u>. The return address should be recorded as: ACT Gambling & Racing Commission PO Box 214 CIVIC SQUARE ACT 2608
- 4. Applicant's are <u>required</u> to attach the following documentation to their application:
 - > a fully completed Statutory Declaration in relation to an Eligible Person (see Attachment to application);
 - a written statement from each licensee/employer stating that the applicant is employed or has been offered employment as an Approved Attendant;
 - > a record of appointment for fingerprinting with the AFP;
 - > a <u>certified copy</u> of the applicant's full birth certificate (not an extract) or current passport;
 - a <u>certified copy</u> of another form of identification eg. driver's licence, Medicare/credit/bank a/c card (*cards should be photocopied on both sides*);
 - an original or <u>certified copy</u> of the applicant's consumer credit report (not an extract) dated within 1 month of lodging an application. *Reports may take a minimum of 10 working days to process and can be obtained from* VEDA ADVANTAGE http://www.mycreditfile.com.au/home/home_default.aspx or DUN & BRADSTREET http://www.dnb.com.au/general/check_your_profile.asp).
 - if applicant's name has changed, <u>certified copies</u> of supporting documentation such as a deed poll or marriage certificate;
 - four (4) recent passport photographs with applicant's name clearly printed on the back;
 - if born overseas, <u>certified proof</u> of Australian Citizenship, permanent residency or visa documentation permitting applicant to live/work in Australia; and
 - if not an Australian Citizen, an applicant must provide a <u>certified copy</u> of a current police criminal check from their country of origin, if they have resided in Australia for less than 5 years.
- 5. Applicants should ensure that they sign and date each page where required and note that failure to provide true, correct and full disclosure to any question on this form may result in the application being rejected.
- 6. If the space provided is insufficient to answer a question, please present relevant information on a separate attachment page.
- When completed, this application form, the required documentation, Statutory Declaration and determined fee should be forwarded to: ACT Gambling & Racing Commission PO Box 214

CIVIC SQUARE ACT 2608

This is Approved form AF2008-140 made under section 53D of the Gambling and Racing Control Act 1999

Application for an Approved Attendant Certificate Page 2 of 6

PERSONAL INFO	RMATION				
Mr/Mrs/Miss/l		Male 🗆	Female		
1411/14110/141100/1					
Surnam	le	Given Name		Middle Name/s	
Other Names (aliases, ni	cknames, former names, ma	aiden names)			
Date of Birth:/	/ Count	ny of Disth			
	/	y of Birui	••••••		
Residential address a	nd contact details:				
	Street			Suburb	
State		Postcode			
Telephone: ().		1	Mobile Number:		
Email address:					
Postal address: (if the	same as the address prov	vided above write "as	above")		
•••••	Street			Suburb	
State		Postcode			
Are you an Australian	Citizen? 🗆 YES	\Box NO			
If you are a naturalised	l citizen of Australia state	-			
		(ii) certificate numb	er		
If you are a citizen of a	another country, state the	country:			
VISA category and nu	mber:				
Photographs:					
Securely attach four (4	4) colour passport photog	graphs to your applica	tion. Ensure your n	ame is clearly printed	
on the back of each ph			, i i i i i i i i i i i i i i i i i i i		
CERTIFICATE INFORMATION					
Name of the Licensee with whom you are or will be employed:					
Phone: Facsimile:					
Have you previously been issued with an Approved Attendant Certificate in the ACT? : YES NO					
Have you previously been issued with an Approved Attendant Certificate in the ACT? : YES NO					
If yes, please provide:					
Certificate number		Licens	ee/Employer		

Applicant's signature: Date:/.....

Authorised by the ACT Parliamentary Counsel-also accessible at www.legislation.act.gov.au

Application for an Approved Attendant Certificate Page 3 of 6

	RESIDENCES					
List all addresses at which you have lived during the past 5 years.						
ACCOUNT FOR ALL PERIODS – dates must be continuous, with no gaps.						
Include any period of no fixed address and state reason eg. travel. From To Address City/State/Country Post Code						
Example 10/10/2005	10/1/2006	ANU – Bruce Hall		Canberra, ACT	0221	
/ /	Present					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
	/ /					
/ /	/ /					
List all of y	your work hist	EMPLOYMENT ory, both full and part time, and if applic	ahle all	neriods of unemployn	nent schools	
	attended and a	all businesses with which you have been in <i>CCOUNT FOR ALL PERIODS – dates must be</i>	ivolved	during the past 5 year		
From	To	Occupation		Employer Nan	ne	
Example 10/10/2005	10/1/2006	Student	ANU			
/ /	Present					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
Have you ever been dismissed, retrenched or suspended by an employer? \Box YES \Box NO (if yes provide details below).						
BUSINESS AFFILIATIONS						
List all business, partnerships, joint ventures, etc. with which you are currently associated and in which you actively participate in the management or operation thereof. Indicate any direct or indirect financial interest in any business.						
	••••••					

AUTHORISATION

ACT GAMBLING AND RACING COMMISSION

To: All courts, probation departments, employers - current and previous, educational institutions, legal practitioners, banks, financial and other institutions, all agencies - Federal, State and Local, both foreign and domestic and to whomsoever else this authorisation may be duly presented.

From:				
	Surname	Other N		
of:				
Street		Suburb	State	Postcode

Date of Birth:/...../.....

I hereby authorise the ACT Gambling and Racing Commission ("the Commission") and the Australian Federal Police ("the Police") to conduct investigations into my background for the purpose of assessing my suitability to obtain or maintain an Approved Attendant Certificate under the provisions of the *Gaming Machine Act 2004*.

I HEREBY AUTHORISE the Commission and the Police to access, inspect and obtain copies of:

- (a) any credit report, other report, legal or personal information derived from those reports that has any bearing on my credit worthiness, credit history, credit standing or credit capacity;
- (b) any loan information, cheque account records, savings deposit records, safe deposit box records, passbook records and bank statement sheets pertaining to me.
- (c) any records relating to investigations of my activities conducted by any State, Territory, Federal or overseas police force, crime investigation agencies, corporate regulatory agencies or any gaming or casino regulatory authorities;
- (d) any court records relating to any present or past civil or criminal court proceedings to which I am or was a party; and
- (e) any other document, record or correspondence pertaining to me.

You are HEREBY AUTHORISED to release to the Commission or the Police all the documents, reports, records and information requested by them.

One of the purposes for which this Authorisation has been given is to satisfy Section 18N(1) (ga(ii)) of the Commonwealth Privacy Act 1988 which provides that a credit provider may only disclose information when the individual concerned has provided written permission.

Signed: Date: / / Applicant's signature

CHECKLIST FOR APPLICANTS PRIOR TO APPLICATION LODGEMENT

- 1. All dates completed in the form Day/Month/Year.
- 2. Signatures and dates are inserted where indicated.
- 3. ALL required attachments (refer to table below) are attached.

An application NOT accompanied by ALL of the required attachments and the correct application fee is considered incomplete and may be returned to the applicant or may not be considered further by the Commission

Provided	The following must be submitted WITH the application				
Yes/No	The determined fee. NOTE: This fee is not refundable.				
Yes/No	A written statement from each licensee/employer stating that the licensee employs, or has offered to employ, the applicant as an Attendant.				
Yes/No	A record of appointment for fingerprinting with the Australian Federal Police.				
Yes/No	Four (4) recent passport photographs of the applicant (<i>name printed clearly on the back of each photo</i>).				
Yes/No	Certified copy of applicant's full BIRTH CERTIFICATE (not an extract) or applicant's current PASSPORT.				
Yes/No	Certified copy of another substantial form of identification (eg. driver's licence, credit card, bank account).				
Yes/No	If born overseas, a certified copy of your Australian Citizenship, Permanent Residency Certificate or Visa permitting you to live or work in Australia.				
Yes/No	If NOT an Australian Citizen a certified copy of a current police criminal check from the applicant's country of citizenship is required for applicants who have resided in Australia for less than 5 years.				
Yes/No	If the applicant's name has changed, a certified copy of all the supporting documentation, eg. Marriage Certificate, Deed Poll.				
Yes/No	The original or a certified copy of the applicant's CONSUMER CREDIT REPORT (not an extract) dated within 1 month of lodging this application. <i>Credit checks may be obtained from:</i>				
	VEDA ADVANTAGE http://www.mycreditfile.com.au/home/home_default.aspx or				
	DUN & BRADSTREET http://www.dnb.com.au/general/check_your_profile.asp				
	It is important to allow a minimum of 10 working days for processing.				
Yes/No	A fully completed Statutory Declaration in relation to an Eligible person under the <i>Gaming</i> <i>Machine Act 2004</i>				

*Additional Notes:

- 1. During the period in which this application is being processed and after any Certificate may have been issued, the applicant must notify the ACT Gambling and Racing Commission of any change in the applicant's address or any other matter set out in this application.
- 2. Failure to provide a true, correct and complete answer to any question on this form may result in a refusal to grant a licence or the suspension or cancellation of any licence issued. A person who makes a declaration that is to his or her knowledge false in a material particular may be liable to prosecution for an offence under the *Statutory Declarations Act 1959 (Commonwealth)*.

	FOR OFFICE USE ONLY			
Certificate Number: Short Term approval issued with expiry date of: /				
	Full approval issued with expiry date of: / /			
Signature of approving				
Delegate of the Commission	1 Date//			

PRIVACY POLICY

Personal information supplied by an applicant is collected, used and stored in accordance with the *Privacy Act 1988* and the ACT Gambling and Racing Commission's privacy policy. A full copy of the Commission's privacy policy may be obtained either from its website at <u>http://www.gamblingandracing.act.gov.au</u> or by contacting the Commission's Privacy Contact Officer on telephone 6207 0359.

In accordance with the Information Privacy Principles you are able to gain access to any personal information held about you by the Commission.

PAYMENT DETAILS

IMPORTANT INFORMATION					
The prescribed fee must accompany an application for an Approved Attendant Certificate. Please note that once an application is submitted to the ACT Gambling and Racing Commission the application fee is non-refundable .					
The prescribed fee is available on the Commission's website: <u>http://www.gamblingandracing.act.gov.au/TheCommission/Fees.htm</u> Otherwise, contact the Commission on 6207 0359.					
Please indicate the method of payment:					
□ money order or cheque made payable to the ACT Gambling and Racing Commission;					
□ credit card (Visa or Master Card). Please complete the required details in the area provided below.					
PAYMENT BY CREDIT CARD					
Card type D Master Card D Visa Amount \$ (maximum of \$3,000.00)					
Card Number: / / Expiry Date:/					
Name on Card: Signature:					
THIS SECTION FOR OFFICE USE ONLY					
Processed by:					

Applicant's signature:/...... Date:/...../.....

Pursuant to the Gaming	STATUTO relation to an Eligible pe <i>Gambling and R</i> g Machine Act 2004 (the A	Pacing Control Act 1999 (section	TION g Machine Act 2004 on 53D)	Attach
of	(STREET)	(SUBURB)	(STATE)	(POSTCODE)
being a	·			
do solemnly and sincerparticular.	ely declare that the inform	nation provided in this de	claration is true and co	rrect in every
Date of Birth:	Place of Birth:		Australian Citize	n? □ YES □ NO
If you answer YES to a	any of the following que	estions please provide of	details in the space p	rovided below.
Within the last five (5) y offence anywhere?	rears have you been conv	ricted or found guilty of a	ny criminal or civil	□ YES □ NO
benefit of a law for the i	rears have you been an u relief of bankrupt or insolv f remuneration for their be	rent debtors or compound		□ YES □ NO
Within the last 12 month Technician refused?	hs have you had an applic	cation for approval as an	Attendant or	□ YES □ NO
Within the last 12 month cancelled or suspended	hs have you had an appro 1?	oved Certificate as an Att	endant or Technician	□ YES □ NO
Within the last 12 month Licensee or Supplier re	hs have you had an applic fused?	cation for approval as a C	Gaming Machine	□ YES □ NO
Within the last 12 month suspended?	hs have you had a Gamin	g Machine or Supplier lic	cence cancelled or	□ YES □ NO
	rears have you been invol f a winding up order or it h			□ YES □ NO

Page 1

				Attachment
	on who intentionally makes 1 of the <i>Statutory Declara</i> correct in every particular.			
Signature of Applicant			Date:	//
Declared at		00	of	
	(Place)	OT (Day)	(Month	and Year)
	(, ,		, , , , , , , , , , , , , , , , , , ,	,
Before me,		Name of W	itness	
(Sign	ature of Witness)		(FULL NAM	IE IN BLOCK)
~f				
	(STREET)			
	(STREET)	(SUBURB)	(STATE)	(POSTCODE)
QUALIFICATION: (see below)				
Note 1 A person who intenti imprisonment for a ter	onally makes a false statement m of 4 years — see section 11 of	in a statutory decl the Statutory Decla	aration is guilty of an offer trations Act 1959.	nce, the punishment for which is
Note 2 Chapter 2 of the C Statutory Declaration		-	-	t 1959 - see section 5A of the

A statutory declaration under t	he Statutory Declarations Act 195	59 may be made be	efore-	
(1) a person who is currently licens	sed or registered under a law to practise	e in one of the followir	ng occupations:	
Chiropractor	Dentist	Legal practitioner	Patent attorney	
Medical practitioner	Nurse	Optometrist	Pharmacist	n an
Physiotherapist	Psychologist	Trade marks attorne		
(2) a person who is enrolled on the	e roll of the Supreme Court of a State of	r Territory, or the High	Court of Australia, as a legal pra	actitioner (however described); or
(3) a person who is in the following				
supplying postal services to the	Corporation who is in charge of an offic public Australian Diplomatic Officer (within the			er within the meaning of the <i>Defence</i> 32 with 5 or more years of continuous
meaning of the Consular Fees			(c) a warrant officer within the	meaning of that Act
Bailiff Bank officer with 5 or more con				tered Accountants in Australia, the Practising Accountants or the National
	r more years of continuous service		Member of:	
Chief executive officer of a Cor Clerk of a court	nmonwealth court		(a) the Parliament of the Com	monwealth; or
Commissioner for Affidavits			(b) the Parliament of a State;	or
Commissioner for Declarations			(c) a Territory legislature; or	
	ore years of continuous service		(d) a local government author	
Employee of the Australian Tra	de Commission who is:		IV of the Marriage Act 1961	nder Subdivision A of Division 1 of Part
(a) in a country or place outsi	ide Australia; and		Notary public	
and	ph 3 (d) of the <i>Consular Fees Act 1955</i>	;	Permanent employee of the Au more years of continuous servic supplying postal services to the	
 (c) exercising his or her funct Employee of the Commonweal 			Permanent employee of:	public
(a) in a country or place outsi			(a) the Commonwealth or a C	commonwealth authority; or
	ph 3 (c) of the <i>Consular Fees Act 1955</i>	;	(b) a State or Territory or a St (c) a local government author	ate or Territory authority; or
(c) exercising his or her funct				ous service who is not specified in
Fellow of the National Tax Acco			another item in this list	declaration may be made under the
	or more years of continuous service		law of the State or Territory in v	/ declaration may be made under the which the declaration is made
Judge of a court	specified in another item in this list		Police officer	
Justice of the Peace			Registrar, or Deputy Registrar,	of a court
Magistrate			Senior Executive Service emplo	
Marriage celebrant registered u IV of the Marriage Act 1961	under Subdivision C of Division 1 of Par	rt	(a) the Commonwealth or a C(b) a State or Territory or a St	-
Master of a court			Sheriff	
Member of Chartered Secretar			Sheriff's officer Teacher employed on a full-tim	e basis at a school or tertionu
-	 other than at the grade of student axation and Management Accountants 		education institution	ט שנטוס מו מ סטרוטטו טו וכווולו y
Member of the Australian Defe	-			
(a) an officer; or				