



SPORTING CLUB PROGRAM

Club name:

League/governing body (if applicable):

Contact name:

Club position:

Email address:

Club contact number:

(Mobile):

Website:

Postal address:

Suburb:

State:

Postcode:

Please list the names
and positions of your
two charter champions

Name:

Position:

Name:

Position:

How did you hear
about the program?

- Gambler's Help staff member (community educator or venue support worker)
- Local league / commission
- Foundation website
- Word of mouth
- Other (please list) _____

Does your club receive any sponsorship
from a sports betting agency?

Yes / No
If yes, please list which company:

Does your club own and operate gaming
machines (poker machines)?

Yes / No
If yes, please list name of venue:

Does your club receive any financial and/or in-kind
support from a local gaming or racing venue?

Yes / No
If yes, please list name of venue and what is provided:

How many players do you have?

1 - 49 50 - 99 100 +

How many supporters do you have? (supporters
include committee members, paid members,
family and friends)

1 - 49 50 - 99 100 - 199 200+

What is the age range of your members and
players? (tick as many as appropriate)

< 18 18 - 24 25 - 39
 40 - 59 60 +

**How do you communicate with members?
(tick as many as appropriate)**

- Newsletters
 Facebook Twitter Instagram
 Website Emails
 Team App
 Other _____

Declaration

We declare:

- that the information provided in this application is true and correct and we consent to our club name being published on the Victorian Responsible Gambling Foundation website in regard to our participation in the Sporting Club Program.

We agree to:

- sign up to and deliver the responsible gambling charter in the above mentioned club
- notify the foundation if any of the details contained in this application form change.

We understand:

- that if this club fails to comply with the charter it may result in the cancellation of the club's participation in the program.

On behalf of the club Signature:		Date:
Charter champion Name: Signature:		Date:
Charter champion Name: Signature:		Date:

To return your application form, email the signed form to contact@responsiblegambling.vic.gov.au or send a signed hard copy to Sporting Club Program, Victorian Responsible Gambling Foundation, PO Box 2156, Royal Melbourne Hospital VIC 3050.

The Victorian Responsible Gambling Foundation values the privacy of every individual's personal information and health information. The foundation is committed to protecting the information it collects and uses and to complying with its obligations under the *Privacy and Data Protection Act 2014 (Vic)* and the *Health Records Act 2001 (Vic)*. A copy of our privacy policy is available on request.

The foundation is collecting personal information for the purposes of being able to contact and publicise clubs, club officials and champions participating in the Sporting Club Program. Without this information we are unable to process your application to participate in the program. You are able to request access to the personal information we hold about you, and to request that it be corrected.



An initiative by



Victorian
Responsible
Gambling
Foundation