

SPORTING CLUB PROGRAM

Club name:

League/governing body (if applicable):

Club contact:

Club position:

Email address (club contact and/or club):

Club contact number:

or mobile:

Club 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? (check as many as appropriate)

- 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? (check as many as appropriate)

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

How do you communicate with members? (check 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 (club contact name):	Date:
Charter champion (name):	Date:
Charter champion (name):	Date:

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.

To return your application form, use the submit button below to email the completed 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.

If you would like to print or save this form as a PDF click **Print** and follow the prompts.

Clicking **submit** will email this form to the Victorian Responsible Gambling Foundation