

# Reconsideration of Barring

## When to use this form

A request to reconsider decisions to bar an individual from a gambling provider can be submitted by email using this form.

Section 48 of the *Gambling Administration Act 2019* (the Act) states that a person affected by a decision to make, or refuse to make a barring order, may apply to the Liquor and Gambling Commissioner (the Commissioner) to undertake a reconsideration of the decision.

An application to the Commissioner must be lodged with the Commissioner within 14 days after the date of the decision, or longer if the Commissioner allows in the circumstances.

On reconsideration of a decision, the Commissioner may:

- undertake consultation with any person involved with, or affected by, the making of the decision
- confirm, vary – which may include a change to the length of time a person is barred or the removal or addition of gambling providers/premises, revoke or reverse the decision
- make any recommendations to a person involved with, or affected by, the making of the decision that the Commissioner thinks appropriate in the circumstances.

Please note that the reconsideration of a decision does not affect the operation of the barring order while the reconsideration is being undertaken and does not prevent the making of another barring order in relation to the barred person.

# Application for Reconsideration

## Applicant details (person seeking reconsideration):

Given names: Address:  
Surname: Suburb:  
Date of birth: Postcode:  
Email: Phone:

## Barred person (if different from applicant):

Given names: Address:  
Surname: Suburb:  
Date of birth: Postcode:  
Email: Phone:

## Barring details:

The barring was requested by:  the barred person (voluntary barring)  the gambling provider  
 a third party

The gambling provider has:  approved the barring  refused the barring

Date that the decision to grant or refuse the barring was made:

## Request for special consideration:

If it has been more than 14 days since the barring was granted or refused, please provide detailed reasons as to why the Commissioner should reconsider the barring:

## **Involuntary barrings:**

If the barring was not requested by the barred person (i.e. an involuntary barring), please provide the following details:

Gambling provider name:

Name of third party (if applicable):

## **Request for reconsideration of barring:**

Please provide details of the changes you would like made to the barring order:

variation       revocation       other

If you have selected 'variation' or 'other' above, please provide details of the changes you would like made to the barring order:

## **Documents required on application:**

Copy of barring order or, if a copy is not available, details of the barring

## **Lodgement:**

Once finalised, please send a copy of this form, together with any required documents, to: [gamblingadministration@sa.gov.au](mailto:gamblingadministration@sa.gov.au).

## **Declaration:**

I, \_\_\_\_\_, declare that:

- I am authorised to make this application
- all the information provided in this application is true and correct to the best of my knowledge and belief.

I agree to the above.