## Employee declarations and consents

Barring and Online Employee Notification System (BOEN)

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Premises/ Gambling provider name

User	details								
Given	Names		Surname	Surname					
Street address			Suburb	Suburb		Postcode			
Phone	e Email				I				
Date	of birth		Preferred	Preferred method of contact					
Decla	rations and secu	ırity agreement	I						
I	declare and acknowledge that—								
	the details I have provided are correct								
	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 venue and authorised officers for probity checks if required.								
	(a) I will not discl	ose the password to any	other person	; and					
	(b) I will only acco	ess BOEN for legitimate v	work purpose	s and will treat	t the informati	on held in BOEN as			
	l have provided a cop	by of my photo ID (e.g., c	drivers licence	, proof of age	card) and a pa	ssport style photograph.			
User name		User signature	User signature		Date signed				
Gambling provider		Authorised rep	Authorised representative signature		Date signed				
Admin	istration use								
User II	)	Created by	Do	te created		Initials			

Licence number (if known)

