

Section 1. (continued)

6. Do you have a spouse or civil partner?

Yes – please provide details below

No – please continue to question 7

First name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Previous surname

Current address

Section 2. Qualifying Position

7. Please indicate the sector(s) you will be working in

Sector	Non-Remote	Remote	Both		Non-Remote	Remote	Both
Casino	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gambling software	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bingo	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lotteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Betting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adult gaming centre	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Machine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Family entertainment centre	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

8. Please cross the boxes below to indicate all functions that you perform within the organisation/business

Role

Overall strategy and delivery of gambling	<input checked="" type="checkbox"/>	Financial planning, control and budgeting	<input checked="" type="checkbox"/>	Regulatory compliance	<input checked="" type="checkbox"/>
Marketing and commercial development	<input checked="" type="checkbox"/>	Gambling related IT provision and security	<input checked="" type="checkbox"/>	On-course representative (General betting (limited) only)	<input checked="" type="checkbox"/>
Shareholder (please state equity percentage)	<input checked="" type="checkbox"/>	Equity	<input type="text"/> <input type="text"/> <input type="text"/> %		

Section 3. Criminality and Investigations

All current (ie. unspent) convictions must be declared. In the case of convictions for relevant offences, previous convictions (ie. spent) must also be declared. Section 4 of the Rehabilitation of Offenders Act 1974 does not apply to a Gambling Commission licence application.

9. Have you ever been convicted of an offence or accepted a formal police reprimand, warning or caution in Great Britain or abroad including if charged with an offence but awaiting trial, or under investigation?

Yes - please provide details below No - please continue to question 10

9a. Date of action

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Offence

Penalty

Court/location

Other details (including reference number)

9b. Date of action

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Offence

Penalty

Court/location

Other details (including reference number)

continues on next page

Section 3. (continued)

10. Have you ever had any civil legal action taken against you in Great Britain (including County Court Judgements)?

Yes - please provide details below
(use a continuation sheet if necessary)

No - please continue to question 11

10a. Date of action

Nature of civil legal action

Court/location

Outcome

Other details

10b. Date of action

Nature of civil legal action

Court/location

Outcome

Other details

continues on next page

Section 4. Competencies

15. Please provide details of your employment history within the last 10 years in chronological order, indicating whether this employment was in the gambling industry. If self employed, please state the nature of your employment (use a continuation sheet if necessary).

a. Date from Date to

15a. Employer name/details

Job title, main responsibilities and reason for leaving

Gambling industry? Yes No

a. Date from Date to

15b. Employer name/details

Job title, main responsibilities and reason for leaving

Gambling industry? Yes No

a. Date from Date to

15c. Employer name/details

Job title, main responsibilities and reason for leaving

Gambling industry? Yes No

a. Date from Date to

15d. Employer name/details

Job title, main responsibilities and reason for leaving

Gambling industry? Yes No

continues on next page

Section 4. (continued)

16. Have you received any formal training relevant to the licensing objectives (include any formal training due to be undertaken in the next three months)? Detail any academic or formal gambling-related training (either as part of an employer's training programme or with an education provider, such as a college or university) below (use a continuation sheet if necessary).

Yes - please provide details below

No - please continue to question 17

16a. Professional body / training provider

Date from

Date to

Qualification/training received

16b. Professional body/training provider

Date from

Date to

Qualification/training received

16c. Professional body/training provider

Date from

Date to

Qualification/training received

16d. Professional body/training provider

Date from

Date to

Qualification/training received

Section 5. Referees

17. Please provide details of your first referee below (see Guidance Notes for referee requirements).

17a. Title

First name(s)

Surname

Relationship to you (eg. friend, work colleague, neighbour)

Number of years known

Occupation

Property number

Property name

Street

Town/city

Postcode

Country

Home/personal number (inc. area code)

Daytime phone number (inc. area code)

Email address

continues on next page

The Gambling Commission is a data controller under the terms of the Data Protection Act 1998. The information provided on this form will be processed for the purposes necessary for the Commission to carry out its functions and meet its legal obligations. The data may be shared with third parties who fulfil a service on behalf of and under the express instructions of the Commission and other bodies where it is necessary to do so in order to carry out the Commission's functions and where the Commission is legally required or permitted to do so. The Commission complies with the Criminal Record Bureau (CRB) and Disclosure Scotland Codes of Practice and undertakes not to discriminate unfairly against any subject of a disclosure on the basis of conviction or other information revealed. However, the existence of a conviction for a relevant offence listed in Schedule 7 of the Gambling Act 2005 is a ground on which the Commission may refuse a licence. The Commission's Policy Statement on the Handling of Applications from Ex-Offenders is available on our website.

Any information or material sent to us and which we record may be subject to the Freedom of Information Act 2000. The Commission's policy on release of information is available on request or by reference to our website at www.gamblingcommission.gov.uk. The Commission will treat all information as confidential and will only disclose that information to people outside the Commission where it is necessary to do so in order to carry out the Commission's functions or where the Commission is required by law to disclose the information. Therefore when providing information, if you think that certain information may be exempt from disclosure under the Freedom of Information Act 2000, please annotate the form accordingly so that we may take your comments into account. In addition, if your application is successful some of your details will be held on a public register. If any of the information on that register is inaccurate you have the right to have it corrected.

Section 9. Enclosures

Please cross the box to confirm that the required enclosures have been attached.

Appropriate original identification documents (see Guidance Notes)



Completed CRB or Disclosure Scotland application form



Copy of CRB or Disclosure Scotland disclosure report if the Commission is the countersignatory and it was issued within the last three months



Overseas police report if you are not a British national and have not lived in Great Britain for more than two years



Copies of any overseas licences held by the applicant



Continuation sheet(s) if required



Please return this form, together with your Operating Licence application form (if required) to:

GAMBLING COMMISSION, PO BOX 13529, BIRMINGHAM B2 2FE

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The Gambling Commission regulates gambling in the public interest. It does so by keeping crime out of gambling, by ensuring that gambling is conducted fairly and openly, and by protecting children and vulnerable people from being harmed or exploited by gambling. The Commission also provides independent advice to government on gambling in Britain.

For further information or to register your interest in the Commission please visit our website at www.gamblingcommission.gov.uk.

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Form GCOL/AA