

## Self Exclusion Agreement and Self Exclusion form

Teesside Hospice Lottery complies with the Licence Conditions and Code of Practice governing the procedures for self-exclusion. We will take all reasonable steps to prevent an individual who has entered a self-exclusion agreement with ourselves from participating in our lottery.

Should a member of staff receive a phone call from an individual who wishes to be self-excluded they must send out a Lottery Exclusion form to be completed and returned. Upon the return of the form the individual's details are to be entered onto the register. This will then be cross referenced against the existing membership and any new members signed up for the lottery for the period of the exclusion.

We will not target the individual with lottery marketing material at any time during the self-exclusion. We will take steps to remove the name and details of a self-excluded individual from any marketing databases used by ourselves.

We will close any membership of an individual who has entered a self-exclusion agreement and return any funds held in the name.

We have put into effect the following procedures to ensure that an individual who has self-excluded cannot gain access to the lottery.

- A register of those excluded with appropriate records (name, address, lottery number, and any other appropriate comments).
- Staff training to ensure that staff are able to recognise and enforce the system.
- Individual to take positive action in order to self-exclude by way of a signature.
- The self-exclusion period is a minimum of six months (giving members the option of extending this if they so wish)
- The self-excluded member must take positive action to be removed from the self-exclusion and be able to enter the lottery at a future date.
- The record of the self-exclusion will remain on file until the agreement has been formally ended.

If any application is made for above three entries per week (i.e. for four or more) in the name of the same person, we will check with that person that they understand the cost and their regular weekly commitment, and only process the application if we believe that they understand and agree with the cost and commitment involved.

See page 2 for Self-Exclusion Agreement Form

Dated 1<sup>st</sup> March 2017

Next review Date: 1<sup>st</sup> March 2018

# Teesside Hospice

## Lottery Exclusion Agreement Form

Please exclude me from your lottery with immediate effect and do not make any direct contact with myself during my exclusion period.

(We will exclude you for a minimum period of 6 months from the date of the form unless you stipulate an alternative specified time period).

Name.....

Address.....

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Lottery name: Teesside Hospice Lottery.

Membership (Lottery/Game) number/s .....

Signature .....

Date.....

Comments .....

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Please return the form to:

Teesside Hospice Lottery  
410 Linthorpe Road  
Middlesbrough  
TS5 6HF

### DISCLAIMER

Teesside Hospice does not accept any responsibility for the above named person rejoining the lottery within the exclusion period.

It remains the sole responsibility of the above named person to abstain from rejoining the lottery within the exclusion period.