

RSG 3 (Formerly Further Advanced Gaming Training) Booking Form

aha|sa
Australian Hotels Association (AHA)

Gaming CARE
The Responsible Gaming
Licensing Agency

Australian Hotels Association (AHA)

WHO NEEDS TO DO THIS COURSE? All gaming employees who have previously completed RSG 2 must complete this training within two years of the completion of the initial RSG 2.

The training is offered two ways: -

Attend VIRTUALLY via zoom, in real time (10am to 2.30pm) and engaging with other Hotels and the Trainer. Virtual will require your staff member to have a device with a camera and a microphone (no smart phones).

OR

Complete Online via the AHA|SA Training Portal. The on-line course allows your staff to log in at anytime and anywhere and complete the course at their own pace. It will be the venues responsibility to ensure their staff complete the training in a timely manner and within the Code's requirements.

I wish to enrol my staff member into the Online course via the AHA|SA Training Portal

I wish to enrol my staff member into a Virtual course via Zoom (please tick next available course date)

Wed 5, Thurs 6 & Tues 11 June course dates are full

- RSG 3 - Thursday 13 June
- ~~RSG 3 - Tuesday 18 June FULL~~
- RSG 3 - Wednesday 19 June
- RSG 3 - Wednesday 3 July
- RSG 3 - Tuesday 30 July

Details of one staff member per form please

Email to: training@ahasa.asn.au

AHA|SA Members \$70 per participant

Non-Members \$95 per participant (Non members must pay at time of booking)

Staff members name _____ DOB _____

Badge Number _____ Staff member email address _____

Existing Advanced or Further Advanced certificate number and training provider _____

DETAILS OF AUTHORISED PERSON TO MAKE TRAINING BOOKING

Hotel Name _____ Contact Person _____

Contact Person's email _____ Contact Person's phone _____

PAYMENT DETAILS FOR NON MEMBERS

Please charge \$ _____ to my credit card, details provided below:

Credit Card Number: [_ _ _ _] [_ _ _ _] [_ _ _ _] [_ _ _ _] Exp: ____ / ____ CCV: ____
(VISA or MASTERCARD only)

Cardholders Name: _____

Signature: _____ To understand how the information on this form may be used by the AHA|SA please consult the AHA|SA Privacy Policy available at www.ahasa.asn.au or by emailing information@ahasa.asn.au