#### **RA301**

## CASINO CONTROL ACT 1984

# CASINO CONTROL (BURSWOOD ISLAND) (LICENSING OF EMPLOYEES) AMENDMENT REGULATIONS 1997

Made by the Lieutenant-Governor and deputy of the Governor in Executive Council.

#### Citation

1. These regulations may be cited as the Casino Control (Burswood Island) (Licensing of Employees) Amendment Regulations 1997.

#### Principal regulations

- 2. In these regulations the Casino Control (Burswood Island) (Licensing of Employees) Regulations 1985\* are referred to as the principal regulations.
  - [\* Published in Gazette 16 August 1985, pp. 2905-16. For amendments to 4 November 1997 see 1996 Index to Legislation of Western Australia, Table 4, p. 31.]

# Regulation 15 amended

- 3. After regulation 15 (1) of the principal regulations the following subregulation is inserted  $\,$ 
  - (1a) If the Commission cancels, or suspends the operation of, a licence, the Commission shall cause notice of the cancellation or suspension to be forwarded to the Operator.

## Regulation 19 amended

- 4. Regulation 19 (4) (a) of the principal regulations is amended by deleting "6 weeks" and substituting the following —
- " 3 months ".

#### Schedule amended

5. The Schedule to the principal regulations is amended by deleting Form 1 and substituting the following form -

### FORM 1

(Regulation 4)

## CASINO CONTROL ACT 1984

# CASINO CONTROL (BURSWOOD ISLAND) (LICENSING OF EMPLOYEES) REGULATIONS 1985

#### CONFIDENTIAL

APPLICATION FOR LICENCE AS A CASINO KEY EMPLOYEE OR CASINO EMPLOYEE

#### IMPORTANT NOTICE

Failure to give a true, correct and complete answer to any question in this application form may result in a refusal of the licence application and may make you liable to conviction of an offence under section 29 of the *Gaming Commission Act 1987*. A person who makes a declaration that, in any material particular, is to the person's knowledge false, is also liable to be convicted of an offence under section 170 of *The Criminal Code*.

This application form must be signed and dated by the applicant at the foot of each page.

Information provided in this application will be treated CONFIDENTIALLY.

## PART 1 — TYPE OF APPLICATION

I, being a	person over the age of 18 years, apply for a licence as —
(a)	a casino key employee*; or
(p)	a casino employee*,
at the Bu type(s) of	rswood International Resort Casino to perform the following work:

Note: dates should be entered in the following format — Day/Month/Year

Date

Signature of Applicant

<sup>\*</sup> Delete as necessary.

# PART 2 — PERSONAL INFORMATION

All questions must be answered. If a question does not apply to you, write Not Applicable or N/A in response.

(a)	Photographic Identification:						
	Date of photograph: /						
	I certify that this is a true resemblance of:						
	(name of applicant)						
	whom I have known for: years.						
	(signature of person certifying identity of applicant)						
	3 x Passport Photographs						
	(attach with pins)						
	Back of each photograph must be signed by person certifying applicant's identity.						
	Name, address, and telephone numbers of person certifying identity of applicant, and relationship to applicant:						
	• • • • • • • • • • • • • • • • • • • •						
(p)	Legal name(s):   Male □   Female □						
	(surname/family name) (first name) (middle name(s))						
(c)	Other names: include any maiden name, nickname, aliases and other names (legal or otherwise) that you have used or by which you have been known. If your name has changed from birth, please provide documentary evidence of name change, such as a marriage certificate, deed poll or licence.						
(d)	Date of birth:						
(e)	Place of birth: (city) (State) (country)						
<b>(f)</b>	If you were born overseas, the date of your arrival in Australia:						
(g)	Residential address: Home telephone: ( )						
	(number) (street) (postcode)						
(h)	Do you hold a current motor vehicle driver's licence?						

Yes □ No □

	If yes, please provide licence number and S issue and expiry date:	tate	or Co	untry	ÿ of
					٠.
(i)	Employment details:				
	Current occupation:				
	Employer's name:			<i>.</i>	
	Employer's address: work telephone:	( ) .			٠.
	(number) (street)		 (pos	 tcode)	
	Provide complete details of your work his applicable, periods of unemployment, schools of and all businesses with which you have been 5 years:	tory, or col involu	inclu leges ved in	ding, attend the l	if ded last
	Month and year Name, address of Position held (from — to) employer/business	super and t	rvisor	Rea for Ieav	son ving
					٠.
					٠.
	Have you ever been retrenched, dismisse requested to resign from any employment?	∍d, d	lischa	rged	or
		Yes		No	
	If yes, provide the employer's name and addre for your dismissal, resignation, etc:	ss an	d the	reaso	ons
			• • • •		
<b>(</b> j)	Have you ever served in the armed forces?	•			
		Yes		No	
	If yes, while in the armed forces were you even offence that resulted in a court martial or action against you?	er cha othe Yes	r disc	with ciplina No	ary
	If yes, please provide details:				
					. <b>.</b>
(k)	Physical description:				
300	Height: (cms)	)	, ,		
	Colour of eyes: Blue Cl Green Reven T B				

Yes 🛘 No 🗸

	Colour of hair: Fair □ Brown □ Auburn □ Red □ Black □ Other □						
	Complexion: Fair □ Ruddy □ Medium □ Dark □ Other						
	Do you have any scars, tattoos or other distinguishing markings?						
	Yes □ No □  If yes, please provide details:						
	ii yes, piedse provide details.						
PAR	Г 3 — MARITA	L INFORM	AATION				
(a)	Marital status	s:					
	Married □	Single		De facto $\Box$			
	Separated $\square$	Divorced		Widow(er) □			
	If applicable:						
	Spouse/De facto	o's full name	e:				
	Spouse/De fact	o's alias(es):					
	Spouse/De facto	o's maiden n	name:				
PART	Γ4 — RESIDE	NCES					
List A	ALL addresses of l of 6 months or	it which you more over t	u have be the last 5	een a permanent : years:	resider	nt for a	
Month (from -		mber, street, ci	ty	State	Count	ry	
					· · · · ·		
PART	Г 5 — PASSPO	RT AND T	RAVEL	INFORMATION	ſ		
(a)	Do you have a	a current p	assport		Ves F	] No □	
	If yes, please p	rovide the fe	ollowing:		103 L	1100	
	Passport numb	er:			<i>.</i>		
	Country of issu	e:					
	Place of issue:						
	Date of issue:						
	Date of expirat	ion:					
(b)	If you are travelled out	normally of Australi	residen a durin	t in Australia, g the last 3 year	, hav s?	e you	

	If yes, please provide details:					
	Date of departure	Date of return	Period overseas	Countries visited	Reasons for travel	
PAR	CIVI Have you (whether	ORD OF CR L CLAIMS ever been or not rest or elsewhere	convicted culting in a	of any offen	ce whatsoever er in Western	
	If ves. pleas	se provide det	ails:		Yes 🗖 No 🗖	
	Nature of offence	Age at time of offence	Date and place of conviction	Full name under which convicted	Sentence imposed	
	• • • • • • • • • • • • • • • • • • • •					
	• • • • • • • • • • • • • • • • • • • •					
IMP	ORTANT					
EMP THE ESTA INVO FAIL TAKE	LOYEE LIC GAMINO ABLISH W DLVEMENT URE TO D EN INTO A	CENCE OR G COMMIS THETHER T WITH I DISCLOSE A	CASINO KI SSION M THE APPI LAW ENF LNY SUCH IN ASSESS	EY EMPLOY AKES INC JCANT HA ORCEMENT INVOLVEM		
(b)	Do you ha	ave any rea edings agai	son to beli nst you may	leve that any be pending	ny criminal or g? Yes □No□	
(c)	Have you, associated	or has a b , ever been	usiness wit the defenda	h which yo ant in any ci	u are or were vil action?	
					Yes □ No □	
(d)	Have you against yo	ever had a u?	civil judg	ment or de	cision entered	
					Yes 🗆 No 🗖	

(e)	Has or have your salary, wages, earnings or other income been subject to a garnishee order or attachment or anything of that nature?					
	Yes □ No □					
<b>(f)</b>	Have you ever had any article repossessed, whether by a finance company or otherwise?					
	If you answered yes to any of the above questions, please provide full details below or in an attached document. You may also wish to attach photocopies of any documents you may have relating to the details you provide.					
PAR	T 7 — GAMING EXPERIENCE					
(a)	Have you ever been excluded, for any reason, from a casino either in Australia or overseas? Yes $\square$ No $\square$					
	If yes, please provide details:					
(b)	Have you ever been excluded, for any reason, either in Australia or overseas from a place (other than a casino) where gaming or racing has been conducted?  Yes □ No □					
	If yes, please provide details:					
	ir yes, picase provide details.					
<i>(</i> -)						
(c)	Provide brief details of any experience you have had in the casino/gaming industry.					
(d)	Have you ever been employed, either in Australia or overseas, by a casino regulatory authority or a gaming					
	regulatory authority? Yes □ No □					
	If yes, please provide details:					
	Jurisdiction Position					
	Brief description of duties					

(e)	licence or gaming operator's licence, in Australia or
	overseas? Yes □ No □
	If yes, please provide details:
	Licence type and number Jurisdiction
	Licence type and number Jurisdiction
	Licence type and number Jurisdiction
<b>(f)</b>	Have you held any licence specified above that has been —
	(i) cancelled;
	(ii) suspended; or
	(iii) made subject to any conditions as a result of disciplinary action?
	Yes □ No □
	If yes, please provide details:
	***************************************
	••••••
(g)	Have you ever withdrawn an application for a casino employee licence?
	Yes □ No □  If yes, please provide details:
(h)	Have you ever had an application for a casino employee licence refused?
	If yes, please provide details:
РΔ1	RT 8 — CHARACTER REFERENCES
A (34)	

Nominate 3 persons who —

- (a) are not related to you;
- (b) do not work at the Burswood International Resort Casino;

(c) have known you for a reasonable period, preferably during the last 5 years.

Referees nominated by you may be asked to appraise your character and reputation. Please inform your referees that you have nominated them in this application form.

1.	Title:		Dr □	Mr □	Mrs □	Ms 🗖	(please tick appropriate box)
	Name	e:					
	Addr	ess: .					
	Telep	hone:					
2.	Title:	:	Dr 🗖	Mr □	Mrs □	Ms 🗖	(please tick appropriate box)
	Name	e:					
	Addr	ess: .					
	Telep	hone:					
3.	Title:	:	Dr □	Mr □	Mrs □	Ms □	(please tick appropriate box)
	Name	e:					
	Addr	ess: .					
	Telep	hone:					
PAR	т 9 —	STA	rutory	DECLA	RATION A	ND IN	DEMNITY
noti	ce at	the	beginniı	declarating of the	is applica	should ition fo	read again the orm relating to
Ι,			(Ful	l (printed) n	ame of applica	ant)	
of							Occupation)
do so	lemnly	y and	sincerely	declare th	at —		
	(a)	I am	the perso	on identifi	ed in Part	1 of this	form;
	(b)	the in	nformatio	n provide		attache	have supplied all d to it (other than ));
	(c)	true	and corn	rect in ev		and fu	attached to it is ally discloses the
	(d)	is no	document t an orig ment; and	ginal docu	to or acco ment is a	mpanyi true co	ng this form that by of the original
	(e)	for m	ne, my he ns, I —	eirs, execu	tors, admi	nistrato	rs, successors and
		(i)	release	and discha	arge; and		
		(ii)	of negot	iation in		or defe	espect of the costs ending or settling, and),

the Government of Western Australia, the Gaming Commission of Western Australia, the Commissioner of Police and any of them, and their respective agents, employees and informants, from and against all or any manner of actions, proceedings, claims, demands, losses, costs and expenses whatsoever, in law or equity and in all jurisdictions, whether arising directly or indirectly out of or by reason of the processing or investigation of, or from matters relating to, this application, including inquiries whether made before or after the issue of the licence applied for or continuing inquiries, and whether or not attributable in whole or in part to any negligence,

and, having read and understood this declaration and indemnity, I execute them voluntarily, and I make this solemn declaration by virtue of section 106 of the *Evidence Act 1906*.

Declared at ) this ) day of )	
before me	Signature of Applicant
(Signature of Witness)	

## PART 10 — AUTHORIZATION TO MAKE INQUIRIES

For the purposes of this application, I authorize the Gaming Commission of Western Australia to cause whatever inquiries are considered by the Commission to be necessary to be made, in the State of Western Australia and elsewhere, to verify the information provided by or concerning me, and that such inquiries may be made both before and after the issue of the licence.

For the purposes of this application, I authorize —

- (a) the manager or officer in charge of any bank or other financial institution to whom a request is presented by an accredited representative of the Gaming Commission of Western Australia, or a police officer, to allow the representative or officer to inspect and obtain copies of, or extracts from, any documents, records or correspondence relating to me, whether solely or jointly with any other person, including any credit or loan information, cheque account records, savings, credit and passbook records, safe deposit records, and statement sheets held by that bank or financial institution; and
- (b) the Commissioner of Police, and any police officer in the State or elsewhere acting at the request of the Commissioner of Police, to inquire into, record and report to the Gaming Commission of Western Australia any known or suspected criminal activity, associates, antecedents or circumstances concerning my suitability for employment in the Burswood International Resort Casino.

Signature of Applicant	Date
(Full (printed) name of applica	nt)