

STROKE ASSOCIATION - GAMBLING SELF EXCLUSION FORM

Title: Mr Mrs Ms Miss Other:

Full Name:

Address:

Postcode:

Self-exclusion declaration:

Please exclude me from all lottery and raffle activity with immediate effect. I understand that by submitting this form, the exclusion will remain in place until I telephone to tell you that I wish to begin gambling again. Please note that by law the self-exclusion must apply for a minimum period of 6 months.

Signature:

Date: / /



Please post your completed form to:

Stroke Association Weekly Lottery
Furness Gate
Furness Business Park
Peter Green Way
Barrow-in-Furness, LA14 2PE

Alternatively, scan and send

your completed form to:
lottery@stroke.org.uk

Counselling and Support Services

Are you gambling more than you really want to? If you or a family member feel that you are experiencing problems with gambling, you can seek advice and support from trained counsellors at BeGambleAware at www.begambleaware.org, by calling the National Gambling Helpline on **0808 8020 133** or visit their website www.gamcare.org.uk.

Software is available to prevent an individual computer from accessing gambling internet sites – please see www.gamblock.com for further information.