

Before you complete this form

What this form is for

If you are a Casino Special Employee (CSE) and must notify us of:

- ▲ a change to a CSE's details (name, address or phone number)
- ▲ an involvement in criminal, civil or alternative dispute resolution proceedings
- ▲ a change consisting of the obtaining of judgment against the CSE
- ▲ a change in the CSE's financial circumstances including:
 - a) becoming bankrupt
 - b) applying to take the benefit of any law for the relief of bankrupt or insolvent debtors
 - c) compounding with creditors or making an assignment of remuneration for their benefit, or
 - d) entering into a compromise or scheme of arrangement with creditors.
- ▲ being suspended or terminated by a casino operator
- ▲ being excluded from another casino
- ▲ any disciplinary action relating to any other liquor, gaming, racing or wagering authorisation, including any jurisdiction outside of Australia.

Note

A CSE must notify the Authority in writing of any of the above changes within 14 days of the change taking place.

Only use this form if you hold a Casino Special Employee Licence and want to update your details or notify us of a change in your circumstances as listed above.

Cost

- ▲ There is no fee for this service.

Special Instructions

- ▲ If you have an RSA/RCG competency card and need a replacement, please download and complete form CC0500 'Replacement RSA/RCG competency card' at liquorandgaming.nsw.gov.au

Pre-lodgement checklist

Please ensure you have filled out the relevant sections and attach the required documents. If information is missing, processing this application will be delayed and the application may be withdrawn.

- I have completed all sections in Part 1.
- I have attached any proof of name change as required.
- I have answered all questions in Parts 2, 3, 4, 5, 6, 7, and 8 as appropriate and included all required attachments.
- I have read Part 9 and signed Part 9A.

How to lodge this form

@ casino.licensing@liquorandgaming.nsw.gov.au

Include 'CA0040 Casino Special Employee – Notify/Update Details' in the subject line.

✉ Liquor & Gaming NSW
GPO Box 7060
Sydney NSW 2001

👤 Liquor & Gaming NSW
Level 6, 323 Castlereagh Street
Haymarket NSW 2000
Monday–Friday, 9am–5pm

Provide all pages of this notification and attachments. There's no need to attach this introduction page.

Need more information?

🌐 liquorandgaming.nsw.gov.au

@ [Contact us online](#)

☎ 1300 024 720

Your privacy

We will handle your personal information in accordance with the *Privacy and Personal Information Protection Act 1998*. It is being collected by Liquor & Gaming NSW and will be used for the purpose of processing your application and may be disclosed to other Government agencies for this purpose. You have the right to request access to, and correct details of, your personal information held by us. You can access further information on privacy at liquorandgaming.nsw.gov.au.

Before you complete this form *continued*

Explanation of terms

Term	Definition
Applicant	The person qualified to make this application.
Authorised witness	You can find information regarding who qualifies as an authorised witness at liquorandgaming.nsw.gov.au .
Casino special employee	Means an employee (whether or not of a casino operator) having functions in or in relation to a casino, who holds a casino special employee licence.
Person	Includes a reference to a corporation.
The Authority	The Independent Liquor and Gaming Authority, which is assisted by Liquor & Gaming NSW.

Casino special employee – notify/update details



OFFICE USE ONLY **CA0040**

By Email Mail OTC

Date lodged

Request no.

Part 1 Update a Casino Special Employee's details

Mr Ms Mrs Miss Other

Given name

Middle name

Last name

Gender

Date of birth

City or town of birth

Email

Casino special employee licence no.

Home phone

Mobile

Daytime phone

Residential street address

Suburb/town/city

State Postcode

Country if not Australia

Postal address as above
 If postal address is the same as above, please check, otherwise complete below.

Postal address

Suburb/town/city

State Postcode

Country if not Australia

Do you wish to notify us of a change to your name?
 No
 Yes

Previous name

If you are advising of a change of name, please provide evidence for the name change, such as marriage or divorce certificate, or name change certificate.

continue overleaf

Part 2 Involvement in criminal, civil or alternative dispute resolution proceedings

The terms of settlement (unless the terms of settlement are prohibited from being disclosed) or the result of the finalisation of the proceedings (including the making of an order under section 10 of the *Crimes (Sentencing Procedure) Act 1999*) must be provided.

You will need to provide documentation showing the court outcome or, if settled out of court, a copy of the settlement agreement must be provided (regardless of whether any terms of the agreement are confidential).

Name of the proceedings

Names of other parties to the proceedings

Address of other parties to the proceedings

Date of commencement/settlement/discontinuance or finalisation of the proceedings

Part 3 Judgment against the Casino Special Employee

A copy of documentation providing the terms of the judgment must be provided.

Nature of event	Court date	Offence	Court Outcome
	DD / MM / YYYY		
	DD / MM / YYYY		
	DD / MM / YYYY		

Part 4 Changes in financial circumstances

A copy of documentation regarding the change in financial circumstances as listed on page i must be provided.

Date	Terms
DD / MM / YYYY	
DD / MM / YYYY	

Part 5 Suspension by a casino operator

Date	Casino	Reason
DD / MM / YYYY		

Part 6 Termination by a casino operator

Date	Casino	Reason
DD / MM / YYYY		

Part 7 Exclusion by another casino

Date	Casino	Reason
DD / MM / YYYY		

Part 8 Disciplinary action relating to any other liquor, gaming, racing or wagering authorisation

Date	State/Country	Authorisation Type	Authorisation Number
DD / MM / YYYY			

Reason	Outcome

Part 9 Declaration

- ▲ I declare that I am 18 years or older and I am authorised to lodge this notification.
- ▲ I declare that the contents of this notification including the attachments are true, correct and complete and that I have made all reasonable inquiries to obtain the information required to complete the notification.
- ▲ I acknowledge that under the *Gaming and Liquor Administration Act 2007* and the *Crimes Act 1900* it is an offence to provide false, misleading or incomplete information in this notification.

9A Casino Special Employee Declaration

Full name of applicant

Position

Signature

Date

DD / MM / YYYY