

1. Purpose of Policy

- 1.1. To outline the Thames Hospice policy for Lottery self-exclusion.

2. Responsibilities

- 2.1. The Director of Fundraising has overall responsibility to ensure that the policy is fit for purpose and disseminated throughout the organisation.
- 2.2. All Thames Hospice staff and volunteers are expected to adhere to this policy and procedure. Any breaches will be investigated and appropriate action taken. This may include disciplinary action for employed staff.

3. Policy Statement

- 3.1. This policy 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.

4. Policy Detail

- 4.1. See Appendix One and Appendix Two (Lottery Self Exclusion Form)

5. Breach of Policy

- 5.1. Any deviation in practice from the above policy and procedure will be deemed a breach of policy
- 5.2. Any breach of this policy by Thames Hospice employees may lead to formal disciplinary action.
- 5.3. Any breach of this policy by Thames Hospice volunteers may lead to formal action under the Problem Solving Policy and Procedure.

APPENDIX 1 - Self-Exclusion Process

1 Request for Exclusion

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

2 Marketing and Data Management

We will not target the individual with marketing material for gambling products at any time during the self-exclusion. We will close any membership of an individual who has entered a self-exclusion agreement and return any funds held in their name.

3 Procedures

We have in place 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).
- The self-exclusion will be acknowledged, and information directing the individual towards support (national gambling helpline and gambleaware website) will be provided.
- Staff training to ensure that staff are able to recognise and enforce the system.
- An individual must take positive action in order to self-exclude by way of a signature.
- You can also email our self-exclusion form to lottery@thameshospice.co.uk
- 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 or raffle at a future date.
- The record of the self-exclusion will remain on file until the agreement has been formally ended.

4 Compliance

All Thames Hospice staff and volunteers are expected to adhere to this Policy and Procedure. Any breaches will be investigated and appropriate action taken. This may include disciplinary action for employed staff.

APPENDIX 2 – Lottery Self-Exclusion form

LOTTERY SELF EXCLUSION FORM

Self-exclusion is designed to help those who are concerned about their gambling.

If you only want to cancel your Thames Hospice lottery membership you can do so simply by contacting us on the details below.

For clarity, Thames Hospice will contact you to confirm receipt of this form after which we will not make direct contact with you.

You will not receive any targeted direct mail/email or tele-fundraising from Thames Hospice related to gambling activity (which includes but is not limited to lottery and raffle).

We will exclude you for a minimum period of 6 months from the date of the form.

Beyond that date you will have to request to be removed from the exclusion register otherwise your exclusion will continue.

Please exclude me from your lottery with immediate effect and do not make any direct contact with myself during my exclusion period. I want to be entered on the Thames Hospice lottery Exclusion Register.

Name _____

Address _____

Lottery Name _____

**Membership Number
(if applicable)** _____

Comments _____

Email: _____

Telephone number _____

Signature _____

Date _____

Please return the form to: Lottery, Thames Hospice, Windsor Road, Maidenhead, SL6 2DN
Or email it to lottery@thameshospice.org.uk
For more information call 01753 842121