

# BASIC GAMING TRAINING

## Booking Form

aha|sa  
Australian Hotels Association (AHA)

Gaming  
CARE  
The Hotels Responsible  
Gaming (HRG)  
Licensing Agency

Australian Hotels Association (AHA)

Gaming employees who have not previously undertaken gaming training must complete **Basic Gaming Training (RSG 1)** within 3 months of being appointed through the BOEN system.

Please tick the session that staff will be attending and complete the details below. Training will be conducted at the AHA building, 4<sup>th</sup> Floor, 60 Hindmarsh Square Adelaide.

As of 1 April 2024, RSG 1 will also be offered on-line via the AHA|SA on-line 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.

### All February course dates are full

- ~~Tuesday 12<sup>th</sup> & Wednesday 13<sup>th</sup> March 2024 (2 day duration) FULL~~
- ~~Tuesday 19<sup>th</sup> & Wednesday 20<sup>th</sup> March 2024 (2 day duration) FULL~~
- Tuesday 26<sup>th</sup> & Wednesday 27<sup>th</sup> March 2024 (2 day duration)
- RSG 1 Tuesday 2 & Wednesday 3 April 2024 (2 day duration)
- RSG 1 Tuesday 16 & Wednesday 17 April 2024 (2 day duration)

For all 2024 course dates and to book on-line for Basic Gaming Training please go to [www.ahasa.asn.au](http://www.ahasa.asn.au) (Events & Training then Training) or [click here](#).

### HOW TO BOOK IF NOT BOOKING ON-LINE

E: [training@ahasa.asn.au](mailto:training@ahasa.asn.au)

P: 08 8232 4525

F: 08 8232 4979

AHA|SA Members \$300 per participant

Non-Members \$320 per participant (Non members must pay at time of booking)

### DETAILS OF PERSON ATTENDING THE TRAINING

Staff members name \_\_\_\_\_ DOB \_\_\_\_\_

Badge Number \_\_\_\_\_ Staff member email address \_\_\_\_\_

### AUTHORISED PERSON TO MAKE TRAINING BOOKING CONTACT DETAILS

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](http://www.ahasa.asn.au) or by emailing [information@ahasa.asn.au](mailto:information@ahasa.asn.au)

