

ADVANCED GAMING TRAINING

Booking Form **VIRTUALLY**

aha|sa
Australian Hotels Association (AHA)

Gaming
CARE
The Responsible
Gaming
Licensing
Agency

Australian Hotels Association (AHA)

WHO NEEDS TO DO THIS COURSE - **All new gaming managers** must complete this course within three months of appointment, (must complete Basic Training before undertaking Advanced Training). Advanced Training can also be undertaken by gaming employees who are required to undertake training again before the second anniversary of completing Basic Training. (Note if a gaming employee does not undertake Advanced Training they must repeat Basic training every two years).

Advanced Gaming is only offered VIRTUALLY for the foreseeable future . Virtual training via Zoom will require your staff member to have a device with a camera and a microphone. Smart phones WILL NOT suit the requirements of Virtual training. If your staff member does not have such a device, you may wish to consider them using your venue device

All November courses are full

- ~~Tuesday 5th December 2023 FULL~~
- ~~Thursday 7th December 2023 FULL~~
- ~~Tuesday 16th January 2024 FULL~~
- Monday 22nd January 2024
- Thursday 1st February 2024
- Monday 5th February 2024

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

HOW TO BOOK IF NOT BOOKING ON-LINE Details of one staff member per form please

E: training@ahasa.asn.au

P: 08 8232 4525

F: 08 8232 4979

AHA|SA Members \$85 per participant

Non-Members \$110 per participant (Non members must pay at time of booking)

DETAILS OF PERSON ATTENDING THE TRAINING

(Remember that they must have completed Basic Gaming Training first)

Staff members name _____

DETAILS OF AUTHORISED PERSON TO MAKE TRAINING BOOKING

Hotel Name _____ Contact Person _____

Contact Person's email _____ Contact Person's phone _____

PAYMENT DETAILS – AHA Members will be invoiced if credit card details are not provided

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 or by emailing information@ahasa.asn.au