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| **Local Gambling Risk Assessment Template** |
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| **Premises number or licence number:** |     |
| **Region (if applicable):** |  |
| **Area (if applicable):** |  |
| **Premises Address:** |   |
|
| **Name of Assessor:** |    |
| **Colleagues Present:** |    |

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| **Date of assessment:** |  |
| **Review date:** |  |

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| **Local Area** |
| **Licensing Objective** | **Risks** | **Existing Control Measures** | **Further Controls Recommended** |
| **1.1**  | **Protecting children and other vulnerable persons from being harmed or exploited by gambling** |   |   |   |
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| **1.2**  | **Preventing Gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime** |  |   |   |
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| **1.3** | **Ensuring that gambling is conducted in a fair and open way** |  |  |   |
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| **Gambling Operation & Physical Design (Internal and External)** |
| **Licensing Objective** | **Risks** | **Existing Control Measures** | **Further Controls Recommended** |
| **2.1**  | **Protecting children and other vulnerable persons from being harmed or exploited by gambling** |   |   |   |
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| **2.2**  | **Preventing Gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime** |   |   |   |
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| **2.3**  | **Ensuring that gambling is conducted in a fair and open way** |   |   |   |
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| **Action Plan** |
| **Local Area****(insert number)** | **Gambling Operation and Physical Design****(insert number)** | **Question** | **Action Required** | **By Whom (name)** | **By When****(date)** | **Date Completed** |
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| **Assessment Review** |
| **Frequency of Review****(enter time period e.g. 12 months)** |  | **Date Review Due** |  |
|
| **Completed Risk Assessment brought to the attention of:** |
|
| **Name****(person responsible for premises and/or implementing control measures)** | **Position** | **Signature** | **Date the this assessment was brought to this persons attention** |
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