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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:** |  |
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| **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** | |  | |
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| **Completed Risk Assessment brought to the attention of:** | | | | | | |
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| **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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