**LCCP RET list for annual contributions to support research, prevention and treatment (SR 3.1.1)**

**Information Form**

This form is to be completed by all those seeking to be on the list of organisations to which gambling businesses may direct their annual financial contributions to deliver or support research into the prevention and treatment of gambling-related harms, harm prevention approaches and treatment for those harmed by gambling from January 2020 (as required by the current LCCP social responsibility code provision 3.1.1).

The purpose of the LCCP RET list is to provide gambling businesses with a list of organisations who are eligible to receive financial RET contributions so that gambling businesses can comply with the requirement of the existing SR code 3.1.1. Being on the list **is not** a guarantee of receiving a financial RET contribution, and the Commission has no involvement in facilitating access to any financial contributions from gambling businesses.

If you have any queries about the form and how to complete it, please contact SRFunds@gamblingcommission.gov.uk quoting ‘LCCP RET List’ in the subject line. Completed forms should also be sent to this email address.

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| --- | --- |
| Section 1 | Organisation and contact details |
| Section 2 | Governance details  |
| Section 3 | Role in research, prevention or treatment to reduce gambling harms  |
| Section 4 | Commitment to working in collaboration to reduce gambling harms |
| Section 5  | Information declaration  |

**1a Full details of the organisation and lead contact person**

|  |  |
| --- | --- |
| Name of organisation |  |

**1b Full name of the designated contact. All future correspondence will be directed to this person.**

|  |  |
| --- | --- |
| Title |       |
| First name(s) |      |
| Surname |     |
| Property name |     |
| Street  |    |
| Town/city |     |
| Postcode |     |
| Country |    |

|  |  |
| --- | --- |
| Daytime phone number  |  |
| Mobile telephone number |  |
| Email  |   |

**2a Please state the nature of independent oversight or regulation of the organisation.**

For example, this may be through the Charities Commission, the National Audit Office, or another Independent Standards Body or Regulator.

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| **Name of regulator or other body**  |       |
| **Registration/license number (if applicable)** |  |

**2b If your organisation is not regulated by an independent external body you need to demonstrate how your existing governance arrangements provide an equivalent level of independent oversight and rigour.**

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**3a Which elements of research, prevention or treatment does your organisation deliver or commission in Britain?**

 **Please check the relevant box like this** [x]

 Research into the prevention and treatment of gambling-related harms\* [ ]

 *\*this does not include research that is needed to deliver the organisation’s own aims and objectives, but broader research for the benefit of all.*

 Harm prevention approaches [ ]

 Treatment for those harmed by gambling\*\* [ ]

*\*\*organisations seeking to be on the LCCP RET list for treatment should be part of the existing National Gambling Treatment Service, and/or part of existing NHS England, Scotland or Wales mental health or addiction services and registered with the Care Quality Commission, or the Care Inspectorate Wales or Scotland.*

**3b** **Please describe your role in delivering or commissioning one or more of the functions of research, prevention or treatment in Britain to reduce gambling harms that you have checked in question 3a.**

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| Research into the prevention and treatment of gambling-related harmsHarm prevention approachesTreatment for those harmed by gambling |

**4a** By accepting contributions from licensed operators which meet the requirement to make an annual financial contribution to one or more bodies which deliver or support research into the prevention and treatment of gambling-related harms, harm prevention approaches and treatment for those harmed by gambling, organisations on the LCCP RET list must commit to:

1. using contributions solely for the purpose of reducing gambling harms.
2. providing information publicly to enable collaboration with other stakeholders to:
* prioritise actions
* coordinate activity; and
* minimise duplication or conflict of activity.
1. upholding the principles of taking:
* an evidence-based approach
* evaluating impact; and
* supporting transparency.
1. engaging with people with lived experience.

**4b Please describe below how you work to reduce gambling harms and deliver the commitments outlined above around collaboration, evaluation, lived experience etc.**

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**5 Information declaration:**

I certify to the best of my/our knowledge and belief that the information given is complete and correct in every respect.

I understand that any misrepresentation or failure to reveal information may be deemed sufficient cause for the organisation to be refused or removed from the list of organisations to which gambling businesses may make financial contributions in order to meet the current LCCP requirement.

I understand that being on the LCCP RET list should not be interpreted as approval or endorsement by the Gambling Commission and that I should not make reference to the Commission approving or endorsing my organisation in any promotional or publicity materials.

I understand that organisations on the LCCP RET list should not have any industry representatives or PML holders on their boards or in other roles that have decision-making powers.

I understand that I must provide information about changes to the information outlined above to the Gambling Commission as soon as reasonably possible. I understand that the Commission may remove organisations from the LCCP RET list due to changes in circumstances, failure to provide information or serious concerns.

I have reviewed the information provided by the Commission and understand that being on the LCCP RET list does not guarantee receiving a financial RET contribution, and that the Commission has no involvement with facilitating access to any financial contributions from gambling businesses.

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| --- | --- | --- |
|  | First name(s)  |        |
|  | Surname |        |
|  | Signature |       |
|  | Position in organisation |       |
|  | Date |       |