



Correspondence or Online Enrolment Form

CFT International RTO # 21120

CFT QLD, PO BOX 21 PALM BEACH QLD 4221

ABN: 4854 6967768 ACN: 113 663 586

Contact: 1300 665 633 Fax: 07 5677 0622 Email: qld@cft.com.au



Nationally Recognised Statement of Attainment is issued upon successful completion of training in relevant course

<i>HOSPITALITY</i>	<i>Circle preferred method</i>	<i>Cost</i>
Follow Workplace Hygiene Procedures –SITXOHS002A (was THHGHSO1B)-Hospitality	Correspondence OR Online	\$95
Implement Food Safety Procedures – SITXFSA001A (was THHBCC11B) - Hospitality	Correspondence OR Online	\$115
<i>FOOD PROCESSING</i>		
Follow Workplace Hygiene Procedures – FDFCORFSY1A - Food Processing	Correspondence Only	\$95
Implement the Food Safety Program & Procedures - FDFCORFSY2A - Food Processing	Correspondence Only	\$115
<i>HEALTH & COMMUNITY SERVICE</i>	<i>Circle preferred method</i>	
Follow Basic Food Safety Practices- HLTFS207B - Health	Correspondence OR Online	\$95
Apply and Monitor Food Safety Requirements - HLTFS310B & Oversee the day-to-day implementation of food safety in the workplace – HLTFS309B (combined) - Health	Correspondence OR Online	\$180
Oversee the day-to-day implementation of food safety in the workplace – HLTFS309B Health	Correspondence Only	\$65
<i>OTHER COURSES</i>		
OLGR Approved Responsible Service of Alcohol - Course Code SITHFAB009A (wasTHHBFB9B)	Online	\$90
Bridging OLGR Approved RSA Course - Course Code SITHFAB009A (was THHBFB9B) Must provide copy of National or current interstate Statement of Attainment by fax/email/mail.	Online	\$49
Provide Responsible Gambling Services – Course Code SITHGAM006A (wasTHHADG03B)	Correspondence only	\$75
Introduction to Food Safety - Certificate of Completion is received.	Correspondence only	\$40
Customer Liaison Officer – Exclusions Training - Certificate of Completion is received.	Correspondence only	\$70
Childcare Nutrition – Certificate of Completion is received	Correspondence only	\$75

Please make cheque or money orders payable to **CFT QLD** & post payment and completed form/s to **PO BOX 21, PALM BEACH QLD 4221**. Or fill in the credit card details below. Please fill in **all** details & circle how you want to do the training.

Please charge \$..... to my Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Card Security Number _ _ _ Name on Card: Card number: Expiry Date:/..... Cardholder signature:

First Name: Last Name:

Business Name:
(if applicable)

Address:

Suburb: Post Code:

Phone: Email:

Date of Birth: ____/____/____