



# 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 775 155 or 07 55200390 Fax: 07 56770622 Email: [qld@cft.com.au](mailto: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	Correspondence OR Online	\$95
Implement Food Safety Procedures – SITXFSA001A	Correspondence OR Online	\$115
<i>FOOD PROCESSING</i>		
Follow Work Procedures to Maintain Food Safety – FDFCORFSY1A	Correspondence Only	\$95
Implement the Food Safety Program & Procedures - FDFCORFSY2A	Correspondence Only	\$115
Implement the Food Safety Program & Procedures combined course- FDFCORFSY2A	Online	\$210
<i>HEALTH &amp; COMMUNITY SERVICE</i>		
Follow Basic Food Safety Practices- HLTFS207B	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	Correspondence OR Online	\$180
Oversee the day-to-day implementation of food safety in the workplace – HLTFS309B	Correspondence Only	\$65
<i>OTHER COURSES</i>		
QLD OLGR Approved Responsible Service of Alcohol - Course Code SITHFAB009A	Online	<del>\$90</del> now \$65
Bridging OLGR Approved RSA Course Must provide copy of National or current interstate Statement of Attainment by fax/email/mail.	Online	<del>\$49</del> now \$35
Responsible Service of Alcohol – National Unit - Course Code SITHFAB009A	Online	<del>\$75</del> now \$65
QLD OLGR Approved Provide Responsible Gambling Services – Course Code SITHGAM006A	Online	\$75
Bridging OLGR Approved RSG Course Must provide copy of National or current interstate Statement of Attainment by fax/email/mail.	Online	\$49

## TO ENROL AND PAY

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: \_ / \_ / \_