



# IN CLASS ENROLMENT FORM

**CFT QLD, PO BOX 21, PALM BEACH QLD 4221**

ABN: 4854 6967768 ACN: 113 663 586

Contact: 1300 775 155 Fax: 07 5677 0622 Email: [info@cftqld.com.au](mailto:info@cftqld.com.au)



Course	Number of Participants	Price	Total Price
QLD OLGR Approved Responsible Service of Alcohol – Course code SITHFAB006A*		\$95	
QLD OLGR Approved Responsible Service of Gambling – Course code SITHGAM006A*		\$95	
NSW Responsible Service of Alcohol – Course Code SITHFAB009A*		\$165	
NSW Responsible Conduct of Gambling – Course Code SITHGAM006A*		\$165	
Responsible Management of Licensed Venues (RMLV) *		\$495	
Workplace Rehabilitation and Return To Work Coordinator (RRTWC) 30782QLD **		\$500	
<b>TOTAL</b>			

### Enrolment & Payment:

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 complete the credit card details below and fax to 07 5677 0622

Please charge \$..... to my Mastercard  Visa  Card Security Number \_ \_ \_

**Name on Card:**.....

**Card number:** ..... **Expiry Date:** ...../.....

**Cardholder signature:**.....

Participant 1 Name: \_\_\_\_\_ Participant 2 Name: \_\_\_\_\_

**Date of Class:**  
(Refer to Training Calendar) \_\_\_\_\_

**Location of Class:**  
(Refer to Training Calendar) \_\_\_\_\_

**Contact Name:** .....

**Business Name:**  
(if applicable) .....

**Address:** .....

**Suburb:** \_\_\_\_\_ **Post Code:** .....

**Phone:** \_\_\_\_\_ **Email:** .....

\* This training is conducted in partnership with Academy Hospitality Australia - National Provider Number 31709. Successful participants will be issued with an the relevant Statement of Attainment by Academy Hospitality Australia

\*\*This training is conducted in partnership with OHSA Occupational Health Services Australia Pty Ltd - National Provider Number 31092. Successful participants will be issued with a Statement of Attainment by OHSA