

Section A Personal Details

Surname: _____ Title: Mr/Mrs/Miss/Ms/Dr/Other _____

Given name/s: _____

Home street or postal address: _____

Town or City: _____ State: _____ Post code: _____

Home phone: _____ Home fax: _____

Mobile: _____ Email: _____

If you have any special requirements necessary to support your learning, please tell us about their nature:

Would you like to be contacted by the trainer prior to the course to discuss these needs? Yes / No

Section B Organisation Details

Organisation name: _____ Position: _____

Organisation street or postal address: _____

Town or City: _____ State: _____ Post code: _____

Phone: _____ Fax: _____

Section C Course Details: Food Safety Supervisor Course

To receive the award, participants must demonstrate competency in the following units:

SITXOHS002A (previously THHGHS01B) Follow workplace hygiene procedures

SITXFSA001A (previously THHBCC11B) Implement food safety procedures*

*Please note SITXOHS002A is a pre requisite unit for completion of SITXFSA001A.

Date of course you wish to attend: _____ Course location: _____

Visit www.qast.org.au for course timetable information

Courses are offered subject to a minimum number of paid enrolments. Registration does not guarantee a place and payment must be received to confirm your place. Should QAST cancel a course, participants are entitled to a full refund or transfer of funds to a future course. In this event, students will be given their preferred option. Refer to the Course Outline for the complete refunds policy.

I have read the Course Outline and agree to the conditions therein.

Signature: _____ Date: _____

Section D Payment Information

Refer to the unit outline for a schedule of course fees and charges. Return this form with payment to:

QAST PO Box 1756 COORPAROO DC 4151 or FAX to (07) 3847 8655

Please make cheques or money orders payable to QAST or use the following details for EFT payments and include your school or organisation name as a reference. A tax invoice/receipt will be issued upon receipt of payment.

Bank: Westpac BSB: 034 037 Account No.: 216070 ABN: 48 219 893 165

Office use only: Receipt No: _____ Client Record No: _____ Admin: _____