



# Australian College of Training REGISTRATION FORM 2010 FOOD SAFETY AUDITOR

ABN: 48 106 641 767

PO Box 5388 East Victoria Park WA 6981

[www.auscollege.com.au](http://www.auscollege.com.au)

Email: [training@auscollege.com.au](mailto:training@auscollege.com.au)

Phone: 1300 785 188

Fax: (08) 9472 6277

### Please register me in the following Food Safety Auditing workshops (Tick):

<input type="checkbox"/>	FDFFSACA Assess Compliance with Food Safety Programs (Internal Auditing)	18 & 19 Jan 2010	\$560.00
<input type="checkbox"/>	FDFFSCOMA Communicate & negotiate to conduct food safety audits	20-Jan-10	\$280.00
<input type="checkbox"/>	FDFFSCHZA Identify, evaluate & control food safety hazards	1 & 2 Feb 2010	\$560.00
<input type="checkbox"/>	FDFFSDFSAA Conduct food safety audits	8 & 9 Feb 2010	\$560.00
<input type="checkbox"/>	All of the above 4 auditing units (discount of 7%)		\$1,820
<input type="checkbox"/>	Student Enrolment Fee (compulsory)		\$45.00
<input type="checkbox"/>	RABQSA Examination & Certificate (Optional) **		\$75.00

\*\* Examination and Certificate for RABQSA Certification only eligible to students completing all four units.

Student Surname	First Name	Position	Cost
Student Enrolment Fee (this must be included in your payment)			\$45.00
RABQSA Examination & Certificate (Optional)			
<b>Total Cost:</b>			

Invoice to:  ABN:

Contact name:

Address:

City:  State / Postcode:

Telephone:  Fax:

Email:

### Payment Details:

Confirmation of your registration will be given when full payment is made.  
Please note - full payment is required prior to commencement of the workshop.

I have enclosed a cheque for \$\_\_\_\_\_ payable to "Australian College of Training"

I will pay by credit card

Visa

Mastercard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

I will direct debit to your account:

Account Name:

Australian College of Training

Bank: ANZ

Branch: Bull Creek

BSB: 016-268

Number: 1078 932 91

(Note: Please put your invoice number, surname or company name as a reference)



Please forward an invoice for payment

Purchase Order No: \_\_\_\_\_

