



# Australian College of Training REGISTRATION FORM 2010 LEAD FOOD SAFETY AUDITOR

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

<input type="checkbox"/>	FDFFSACA Assess Compliance with Food Safety Programs (Internal Auditing)	4-5 May	\$560.00
<input type="checkbox"/>	FDFFSCOMA Communicate & negotiate to conduct food safety audits	6-May-10	\$280.00
<input type="checkbox"/>	FDFFSCHZA Identify, evaluate & control food safety hazards	13-May	\$280.00
<input type="checkbox"/>	FDFFSDFSAA Conduct food safety audits	14-May	\$280.00
<input type="checkbox"/>	All of the above 4 auditing units (discount of 5%)		\$1,330
<input type="checkbox"/>	Student Enrolment Fee (compulsory)		\$45.00
<input type="checkbox"/>	RABQSA Examination & Certificate (Optional) **		\$95.00

\*\* 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: \_\_\_\_\_

