

FOOD SAFETY FOR FOOD HANDLERS

FOOD SAFETY AND HYGIENE TRAINING

BASED ON FOLLOW WORKPLACE HYGIENE PROCEDURES (SITXOHS002A)

Registration

Please tick your preference

Note: Arrangements will be made to accommodate the majority of preferences

Locations	Possible Day and Time Options
Albion Park Anglican Church Tongarra Rd, Albion Park	Monday 4 May - 7pm to 10.15pm Saturday 9 May - 9 am to 12.15pm
St. Andrew's Chapel Town Hall Sydney	9.15pm
St John's Parramatta Church St, Parramatta	Wednesday 27 May - 7pm to 10.15pm Saturday 30 May - 9 am to 12.15pm
Christ Church St. Ives Mona Vale & Cowan Rds, St. Ives	Wednesday 10 June - 7pm to 10.15pm Saturday 13 June - 9 am to 12.15pm
St. Andrew's Riverwood 11 Littleton St Riverwood	Wednesday 17 June - 7pm to 10.15pm Saturday 20 June - 9 am to 12.15pm
St. Andrew's Summer Hill 2 Henson St, Summer Hill	Wednesday 24 June - 7pm to 10.15pm Saturday 27 June - 9 am to 12.15pm

Registrations for the sessions being held in May have CLOSED.

The Diocese will sponsor **ONE** participant from each parish. * **please note**:- sponsorship is limited to 200 places

Additional participants are encouraged to attend at the nominal cost of **\$49.00 each**

Each Parish will receive:-

- 1 x CD training program
- 5 x sets of Food Handlers notes for parish food handlers
- 1 x probe thermometer

All attendees will receive a Certificate of Completion for successful completion of Follow Workplace Hygiene Procedures (SITXOHS002A).

Participants Details (please print clearly)

Parish:

1. Name:

Mobile / Phone Fax:

Email:

*(1st participant **no charge**)

2. Name: \$49.00

Email:

3. Name: \$49.00

Email:

4. Name: \$49.00

Email:

5. Name: \$49.00

Email:

Please complete another form for more participants Total \$

Payment Details:

To complete registration please use the following payment methods:-

Visa Mastercard Expiry Date: ____/____

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CCV: _____ Total Cost: \$ _____

Please clearly print the name that appears on the credit card:

Name: _____

Signature as it appears on the credit card

Signature: _____

Today's Date: ____/____/____

EFT: (please tick)

Working Safely with Food

BSB 062 259

Account Number 103 134 25

Postal Address: P.O. Box 8250

Blacktown NSW 2148

Please send bank receipt with registration.

Payment is required to confirm booking

**Please Fax completed
Registration to 9679 9127
Phone 1300 EDIBLE (334 253)**