



## Training registration – Freshcare Food Safety and Quality

I wish to register my interest in attending Freshcare Food Safety and Quality – 3<sup>rd</sup> Edition training

**Preferred training location(s)** *(please list most preferred first)*

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**Preferred training month(s)** *(please list most preferred first)*

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**Type of training** *(please tick one)*

**Full training**

**Transition training** *(only available to growers currently certified to Freshcare 2<sup>nd</sup> Edition or equivalent<sup>1</sup>)*

We will confirm dates and venues once sufficient registrations have been received. Courses will be run dependant on numbers. This registration is an expression of interest only.

### Business details

Trading name

ABN

Postal address

Phone

Fax

Email

### Trainee details

**Person 1**

**Person 2**

Name

Name

Position

Position

**Return completed form to:**

**Phone enquiries can be directed to:**

**Post**

TQA Australia  
PO Box 606  
Devonport Tas 7310

Mandy Elliott

1300 952 221

(cost of a local call from a landline)

**Fax**

03 6423 6112

**Email**

[tqa@tqainc.com.au](mailto:tqa@tqainc.com.au)

<sup>1</sup> Equivalent food safety system must be 3<sup>rd</sup>-party audited e.g. SQF, WQA, HACCP