



ENROLMENT
Responsible Service of Alcohol
THHBFB09B

Course Participant Information

Name			
Postal Address			
Telephone Home		Telephone Mobile	
Date of Birth		E-Mail	

Employer Information

Name of Organisation	
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Billing Information

Account to be in the name of:			
Billing Address			
Contact Telephone:		Contact Name:	

Course Fees (Certificates will not be issued until payment has been received)

[Delivery Method: CD-ROM Online

The Responsible Service of Alcohol qualification is nationally recognised and is intended for persons working unsupervised behind the bar or persons acting as an Approved Manager (during the phase in period). Please complete the assessment and lodge with Clubs WA.

Please be aware that the Participation Certificate is intended for persons who are supervised when working behind the bar and is only valid in the state of WA. If you wish to gain a participation certificate, there is **NO REQUIREMENT TO COMPLETE AN ASSESSMENT**. Simply complete the declaration and return to Clubs WA.

Please tick below:	Type of Membership	Qualification Fee	Participation Fee
<input type="checkbox"/>	Non Member	\$120.00 per person	\$75.00 per person
<input type="checkbox"/>	Clubs WA Member	\$100.00 per person	\$55.00 per person
<input type="checkbox"/>	Liquor Stores Association WA Member	\$100.00 per person	\$55.00 per person
<input type="checkbox"/>	Restaurant & Catering Industry Association WA Member	\$100.00 per person	\$55.00 per person

Method of payment:

Visa
 MasterCard
 Cheque
 Money Order
 Direct Deposit

Credit card number:	
Expiration date:	
Amount to be debited:	
Authorised signature:	
Name on Card:	

I authorise Clubs WA to debit my credit card the above amount **Signature**

Please make cheques payable to: Clubs WA

Direct Payment Details: BSB 036 302, Account Number 210 462

Provide Responsible Service of Alcohol (THHBFB09B)



Assessment Booklet

Once you have completed your assessment please complete the following statement and have it witnessed by one [1] of the types of people identified below.

I, _____ state that I *[please tick one]*

Have participated in and completed the THHBFB09B – Provide Responsible Service of Alcohol Course **(without assessment)**

I am the person that has provided the responses to the questions contained in this assessment booklet.

Signed: _____ Date _____

Local Government Officer

Police Officer

Justice of the Peace

Print Name ----- Date -----

Signed -----