



Employer Enrolment Form SITXFSA001A Implement Food Safety Procedures

Dear sir/madam,

Prior to enrolling in this unit, our students are required to pre-arrange permission to access and use the food and equipment from a recognised Food Preparation venue. This Enrolment Form formalises our student's access to these resources to allow them to complete a HACCP Case-Study assessment task as part of their course.

As the unit is delivered online, you as the Employer or Owner of the venue will greatly assist our student's ability to complete the course, by allocating a *Suitably Qualified* colleague from your team to assist with the student's completion of their tasks. We view a *Suitably Qualified* colleague to be a person that has a number of years experience in food preparation, or who has a Hospitality Management or Food Safety Qualification at the same level, or above, of the unit SITXFSA001A.

Our students will submit this Enrolment form at the end of the online training, along with their Written Worksheet Assignment for the unit. As part of the assessment process, Go Train assessors may also contact you to confirm and validate the student's performance in your workplace.

Many thanks in advance for your assistance.

Paul Leeden

Director of Studies, Go Train.

Note: If you are a self-employed caterer of other sole-trader food provider you should complete the form for yourself, and nominate any venue you choose, as long as it is a registered Food Preparation operation.

Student to complete:

I _____ (Full Name)

of _____ (Venue/ Company name)

I Understand and agree with conditions above.

Signature _____ **Date** ____ / ____ / _____

Position _____

Employer to complete:

Venue Name	_____
Venue Address	_____ _____ City _____ State _____ Postcode _____
Student Name	_____
Food Preparation Venue Type	_____ Council _____ Permit # _____

By signing this document you declare:

- The nominated Workplace Venue stated above is a suitable fully equipped food preparation environment enabling the student to gain competence for the Food Safety Procedures unit.
- The student has permission to access the venues Food Safety Program, Food Resources and Preparation Equipment as part of their normal daily duties in my venue,
- That your venue meets with all aspects and standards of National Occupational Health & Safety legislation, and the employee will be covered under the venues Workcover Insurance Policy.

I _____ (Your Name)

of _____ (Venue/ Company name)

I Understand and agree with conditions above.

Signature _____ **Date** ____ / ____ / _____

Position _____ **Contact #** _____

Email _____

Best time to contact me is? _____