

Responsible Service of Alcohol

SITHFAB009A Provide Responsible Service of Alcohol



Well managed premises and the responsible service of alcohol is seen as an important tool in changing Western Australia's drinking environment and providing consumers with safer, more responsible venues that are committed to practising harm-minimisation techniques. Training provides licensees, managers and bar staff with important skills and knowledge about the State's liquor laws; alcohol and the effects of excessive alcohol intake; standard drink measures; options to assist customers to drink within appropriate limits; how to refuse service to an intoxicated patron; and how to deal with difficult patrons and conflict situations. Increasing the skill levels of people working in the industry will ultimately raise the standard and professionalism of the industry, which will benefit consumers and the public in general.

Program Outline

- Alcohol and the Law
- Interpreting & understanding current legislation
- Understanding your rights & responsibilities
- Facts about alcohol
- Exploring the term 'standard drink'
- Strategies for responsible service of alcohol
- Guidelines and best practice principles
- Take Care principles
- Safe transport options for your patrons
- Drink spiking
- Erratic drinking practices
- Most frequently asked questions

2011 Public Program Dates

One Day Program

January 10 th & 24 th	February 7 th & 21 st
March 21 st	April 4 th
May 2 nd & 23 rd	June 6 th & 27 th
July 11 th & 25 th	August 8 th & 29 th
September 12 th & 26 th	October 10 th & 31 st
November 14 th & 28 th	December 12 th

Training Location

Upstairs function room
The Saint George Hotel, Morris Road, Innaloo

Investment

\$95.00

Customised on-premise programs

Our clients benefit from the focused, needs based and outcome-driven approach that is distinctive to SCOPE Vision. Specialising in on-premise delivery SCOPE Vision is able to customise initiatives to meet client specific operating requirements and align these to the nationally recognised unit of competence SITHFAB009A Provide Responsible Service of Alcohol.

To explore this option further please contact our office. Discounts are available for group bookings.

For more information contact

SCOPE Vision

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www.scopevision.com.au
PO Box 301 Guildford WA 6935



2011 Enrolment Form

SITHFAB009A Provide Responsible Service of Alcohol

Date Attending - please tick the appropriate box

<input type="checkbox"/> Jan 10 th	<input type="checkbox"/> Jan 24 th	<input type="checkbox"/> Feb 7 th	<input type="checkbox"/> Feb 21 st	<input type="checkbox"/> March 21 st
<input type="checkbox"/> April 4 th	<input type="checkbox"/> May 2 nd	<input type="checkbox"/> May 23 rd	<input type="checkbox"/> June 6 th	<input type="checkbox"/> June 27 th
<input type="checkbox"/> July 11 th	<input type="checkbox"/> July 25 th	<input type="checkbox"/> August 8 th	<input type="checkbox"/> August 29 th	<input type="checkbox"/> September 12 th
<input type="checkbox"/> September 26 th	<input type="checkbox"/> October 10 th	<input type="checkbox"/> October 31 st	<input type="checkbox"/> November 14 th	<input type="checkbox"/> November 28 th
<input type="checkbox"/> December 12 th				

CONTACT DETAILS: Personal

Name:				DOB:	
Address:					
	Postcode:				
Home Telephone:					
Mobile Telephone:					
Email Address:					

CONTACT DETAILS: Business

Company:					
Position Held:					
Telephone:					
Facsimile:					
Work Email:					

PAYMENT OPTIONS

I will be paying using the following method (please tick)

<input type="checkbox"/> Cash	
<input type="checkbox"/> Cheque	Please make cheques payable to 'SCOPE Vision'
<input type="checkbox"/> I authorise SCOPE Vision to debit the following credit card	<input type="checkbox"/> Visa Card <input type="checkbox"/> Master Card <input type="checkbox"/> Bank Card Card Number: _____ Expiry Date: ____ / ____ Cardholders Name (please print): _____ Cardholders Signature: _____
<input type="checkbox"/> Direct Deposit	Account Name : SCOPE VISION Bank : NATIONAL AUSTRALIA BANK BSB : 086420 Account # : 493266439 Please insert your invoice number as the reference
<input type="checkbox"/> Invoice 3rd Party	Please attach appropriate approval forms and complete details below:
Third Party Invoice information:	
Name of company:	
Attention:	
Postal Address:	
Telephone:	
Purchase order number:	