



# FOOD SAFETY SUPERVISOR PROGRAM

# Application for approval as a Registered Training Organisation

Approval under Section 106H of the NSW Food Act 2003

FSS 002

### Section 1 - RTO details

Company name	
ABN	ACN
Trading name (if applicable)	
If operating under a trading name, please pro Business Name	ovide a copy of Department of Fair Trading Certificate of Registration of
RTO street address	
	Suburb
State	Postcode
RTO postal address (for correspondence) If di	fferent from above
	Suburb
State	Postcode
RTO web address	
RTO email	
Authorised contact	
Name	
Position	
Telephone number	
Mobile number	
Email	

# Section 2 – RTO registration details

a)	Select who your State or Territory training authority is:  (please tick appropriate box)
	Australian Skills Quality Authority
	Other – Please specify
b)	Date of RTO registration
Ø P	lease provide a copy of your RTO Registration Certificate
c)	Has your RTO registration been withdrawn or suspended in the last three years?  Yes No
<b>d)</b>	Has your RTO been operating continuously for one year prior to the date of this application?  Yes No
Se	ection 3 – RTO operation details
a)	Which units of competency does your RTO currently offer?  (please tick appropriate box)
	Handle food safely in a retail environment (SIRRFSA001)
	Use hygienic practices for food safety (SITXFSA001)
	Participate in safe food handling practices (SITXFSA002)
<i>∯</i> P	lease provide a copy of your RTO's Scope of Registration
b)	Have these units been offered for one year prior to the date of this application? * (please tick appropriate box)
	Yes No Handle food safely in a retail environment (SIRRFSA001)
	Yes
	Yes No Participate in safe food handling practices (SITXFSA002)
If y	es to one or more of the above proceed to question c

<sup>\*</sup> From 1 October 2017

#### c) Specify the delivery method for the units your RTO currently offers

(please tick appropriate box)

Unit	Face to face	Online	Workplace based	Correspondence	Combination (specify what combination, e.g. online/workplace based)	Third party report
Handle food safely in a retail environment (SIRRFSA001)						
Use hygienic practices for food safety (SITXFSA001)						
Participate in safe food handling practices (SITXFSA002)						
d) Does your RTO of			nits under th	e FSS program in l	anguages othe	r than
English? (this is not a			:)			
If yes, specify which lang	guages (ple	ase tick):				
Arabic		Macedo	nian			
Chinese	Chinese Serbian					
Greek Spanish						
Italian		Thai				
Japanese		Turkish				
Khmer		Vietnam	nese			
Korean		Other (p	please specify)			

e) Which areas does yo (see attached map)	ur RTO conduct training in	?	
Online			
or pick from the list below			
Sydney region only	North West NSW	Northern NSW	Mid North Coast
Newcastle/Hunter	South Coast/Highlands	South West NSW	
Any additional comments	?		
Section 4 – RTO	trainer criteria		
THE FSS PROGRAM	PLETED BY EACH TRAINER The specific please make copies of this page		
Trainer's details			
Name	Т	elephone number	
Mobile number	E	mail	
a) Does your training expo	erience and qualifications meet 2015?	the below Standards for R	egistered Training
Yes No			
Please provide a certified co	ppy of all the following docume	nts:	
(i) your valid Food Safety	Supervisor certificate		
(ii) Certificate and Stateme	ent of Attainment for the valid F	SS Units of Competency	
(iii) Certificate and Stateme	ent of Attainment for your train	ing qualification.	
Please also provide a copy	of your resume.		
copy by a Justice of the Pea	photocopy which has been con ice (JP) or a public officer such nature on the copy. The public	as a police officer. The JP	must include their

and signature on the copy.

#### b) Trainer authorisation

I authorise my employer (RTO name)

to provide my personal information to the NSW Food Authority for the purposes of determining whether the NSW Food Authority agrees that I can conduct training on the organisation's behalf for the purposes of issuing Food Safety Supervisor certificates. This authorisation is limited to the provision of my name, contact details, qualifications and relevant work experience.

If any information supplied by me may be considered to be untrue or misleading in any respect, I understand that the NSW Food Authority may take such action as it believes necessary, including the disclosure of the information to any person or body the NSW Food Authority considers has a legitimate interest in receiving it, and I consent to such disclosure.

Trainer name	
Signature	Date
Section 5 – RTO authorisation	
I	(name) being an authorised officer of
	(RTO name) acknowledge and understand
that	_
the NSW Food Authority will use the information contained with of the <i>Food Act 2003</i> (NSW).	nin this application for the purposes of s106H
If any information supplied by me may be considered to be untrue the NSW Food Authority may take such action as it believes neces to any person or body the Food Authority considers has a legitima disclosure.	sary, including the disclosure of the information
I understand that if approved by the NSW Food Authority, the Food Safety Supervisor Approved Training Provider List on the F	·
Authorised contact name	
Signature	Date
Signature	Date

# **Section 6 – Payment details**

- ~ The annual approval fee payable by RTOs to the Food Authority is \$1200 per year
- $\sim$  An additional one-off initial processing fee of \$100 will apply

Fees	Total fee payable
Annual approval fee	\$1200
+ Application fee  This is a one-off fee, non-refundable if application is not approved	\$100
TOTAL PAYABLE	\$

#### A. PAYMENT BY CHEQUE OR MONEY ORDER

Please mail money order or cheque (crossed 'Not negotiable' and made out to NSW Food Authority) along with completed application form to PO Box 232, Taree NSW 2430

#### **B. PAYMENT BY CREDIT CARD**

D. TATPIENT DI	CREDIT CARD				
A 0.4% merchant s	urcharge will occur on	credit card transact	ions for Mastercard and Visa c	ard	
Please debit my:	Mastercard	Visa	Please note, we do not accept American Express		
Card number					
Card holder's name	:				
CVV number (final 3	digits of the number on the	signature panel)	Expiry date	/	
Payment amount					
Cardholder's signat	ure				

C. PAYMENT BY BPAY®, INTERNET BANKING OR TELEPHONE

Please mail completed application to NSW Food Authority, PO Box 232, Taree NSW 2430

If you wish to pay by one of these methods, please submit your completed application form without payment to the Licensing Unit by:

- ~Fax to 02 6552 7239
- ~Post to PO Box 232, Taree NSW 2430
- ~ Email to food.licensing@dpi.nsw.gov.au

An invoice will then be sent to you for payment

#### **Section 7 – Checklist**

The Food Authority aims to process applications within **6** weeks.

To avoid any delays in the processing of your application, please ensure all relevant documentation is submitted with this application form:

$ ilde{y}$ RTO information
~Department of Fair Trading Certificate of Registration of Business Name (if applicable)
~Copy of RTO Registration Certificate
~Copy of RTO Scope of Registration
$\hat{y}$ Trainer information
Certified copy of:
~Training qualification (eg Statement of Attainment)
~A document evidencing trainer holds relevant vocational competencies (eg Statement of Attainment)
Any other comments?