

# Food Safety Supervisor Program - RTO Change of Details Form

Fill in the relevant fields for any details that have changed and send completed form to the NSW Food Authority either by:

emailing to: [bfs.admin@dpi.nsw.gov.au](mailto:bfs.admin@dpi.nsw.gov.au)

posting to: PO Box 232, Taree NSW 2430

**The NSW Food Authority aims to process requests for change of details within 4 weeks.**

## Registered Training Organisation (RTO) details

NSW Food Authority RTO approval number	
<b>Old company name</b>	
<b>New company name</b>	

 Please provide evidence of the new company name from Australian Securities and Investments Commission (ASIC)

<b>Old trading name</b>	
<b>New trading name</b>	

 If operating under a trading name, please provide a copy of ASIC Certificate of Registration of Business Name

## RTO Contact Details

<b>OLD RTO street address</b>			
		Suburb	
State		Postcode	
<b>NEW RTO street address</b>			
		Suburb	
State		Postcode	
<b>OLD RTO postal address (for correspondence) if different from above</b>			
		Suburb	
State		Postcode	
<b>NEW RTO postal address (for correspondence) if different from above</b>			
		Suburb	
State		Postcode	
<b>OLD RTO website URL</b>			
<b>NEW RTO website URL</b>			
<b>OLD RTO email address</b>			
<b>NEW RTO email Address</b>			

### Authorised Contact

OLD name					
OLD position				OLD phone number	
OLD alternate contact number		OLD email			
NEW name					
NEW position				NEW phone number	
NEW alternate contact number		NEW email			

Handover of system admin responsibilities has been completed including Key Focus Areas requirements.

Yes  No

### RTO Scope of Registration

Which units of competency does your RTO currently offer?

(Please tick appropriate box)

SIRRFSA001 – Handle food safely in a retail environment.

SITXFSA005 - Use hygienic practices for food safety.

SITXFSA006 – Participate in safe food handling practices.

 Please provide a copy of your current Scope of Registration

Specify the delivery methods for the units of competency your RTO currently offers:

Unit of Competency	Face to Face	Online (practical evidence required)	Workplace	Correspondence	Combination
SIRRFSA001 Handle food safely in a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

retail environment.					
SITXFSA005 Use hygienic practices for food safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SITXFSA006 Participate in safe food handling practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other delivery methods (list details):					

**Does the RTO currently offer training and assessment in languages other than English? If so, please list and give details.**

<input type="checkbox"/> Online	<input type="checkbox"/> Hunter	<input type="checkbox"/> Central West and Orana	<input type="checkbox"/> Far West
<input type="checkbox"/> Metropolitan Sydney	<input type="checkbox"/> Illawarra	<input type="checkbox"/> Riverina Murray	<input type="checkbox"/> Central Coast
<input type="checkbox"/> South East/Tablelands	<input type="checkbox"/> North Coast	<input type="checkbox"/> New England/North West	<input type="checkbox"/> Other
If other, please specify:			

Any additional comments?
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### Trainer/Assessor Details

For any new trainer/assessor applications, change of details or removal of trainer/assessor please use the [BFS portal](#) to complete these actions.

### RTO Authorisation

I \_\_\_\_\_ (name) being an authorised officer  
of \_\_\_\_\_ (RTO) acknowledge  
and understand the NSW Food Authority will use the information contained within this application for  
the purposes of s106H of the Food Act 2003 (NSW).

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 Food Authority considers has a legitimate  
interest in receiving it, and I consent to such disclosure.

I understand that if approved by the NSW Food Authority, the RTO I represent will be published on the  
Food Safety Supervisor Approved Training Provider List on the Food Authority's website.

Authorised contact name:			
Position:			
Signature:		Date:	