



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) N/A

 If operating under a trading name, please provide a copy of Australian Securities and Investments Commission (ASIC) Certificate of Registration of Business Name

RTO street address

Suburb

State

Postcode

RTO postal address (for correspondence) If different 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

 Please provide a copy of your RTO Registration Certificate

c) Has your RTO registration been withdrawn or suspended in the last three years?

- Yes No

d) Has your RTO been operating continuously for one year prior to the date of this application?

- Yes No

e) If you answered No to question 2 d):

Provide evidence of previous operation as an approved RTO/approved trainer with a strong compliance record.

Section 3 – RTO operation details

a) Which units of competency does your RTO currently offer?

(please tick appropriate box)

- SIRRFSFA001 – Handle food safely in a retail environment
- SITXFSA001 – Use hygienic practices for food safety
- SITXFSA002 – Participate in safe food handling practices
- SITXFSA005 - Use hygienic practices for food safety
- SITXFSA006 – Participate in safe food handling practices

Please 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)

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | SIRRFSFA001 Handle food safely in a retail environment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | SITXFSA001 Use Hygienic practices for food safety |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | SITXFSA002 Participate in safe food handling practices |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | SITXFSA005 Use Hygienic practices for food safety |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | SITXFSA006 Participate in safe food handling practices |

* Applicable to 005 and 006 from 2023

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

(please tick appropriate box)

| Unit | to face | Face | Online | Workplace | Correspondence | Combination based <small>(specify what combination, e.g. online/workplace based)</small> | Third party report |
|---|---------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|
| Handle food safely in a retail environment | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use hygienic practices for food safety | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participate in safe food handling practices | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other delivery methods (list details)

d) Does your RTO offer the required units under the FSS program in languages other than English? (this is not a compulsory requirement) **NO**

If yes, specify which languages (please tick):

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Macedonian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Khmer | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other (please specify) _____ |

e) Which areas does your RTO conduct training in?

Online

or pick from the list below

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Sydney region only | <input type="checkbox"/> North West NSW South | <input type="checkbox"/> Northern NSW | <input type="checkbox"/> Mid North Coast |
| <input type="checkbox"/> Newcastle/Hunter | <input type="checkbox"/> Coast/Highlands | <input type="checkbox"/> South West NSW | |

Any additional comments?

Section 4 – RTO trainer criteria

SECTION TO BE COMPLETED BY EACH TRAINER YOUR RTO WILL USE UNDER THE FSS PROGRAM

If there is more than one trainer, please make copies of this page and attach to this part of the application form.

Trainer's details

Name: _____ Telephone number: _____

Mobile number: _____ Email: _____

a) Does your training experience and qualifications meet the below *Standards for Registered Training Organisations (RTOs) 2015*?

Yes No

 Please provide a certified copy of all the following documents:

- (i) your valid Food Safety Supervisor certificate
- (ii) Certificate and Statement of Attainment for the valid FSS Units of Competency
- (iii) Certificate and Statement of Attainment for your training qualification.
- (iv) A copy of your resumé.

Note: A 'certified copy' is a photocopy which has been compared with the original and endorsed as a true copy by a Justice of the Peace (JP) or a public officer such as a police officer. The JP must include their registration number and signature on the copy. The public officer must include their full name, position, title and signature on the copy.

b) Trainer authorisation

I _____ (trainer) authorise my
employer _____ (RTO) 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) 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 _____

Signature _____

Date _____

Section 6 – Payment details

- ~ The annual approval fee payable by RTOs to the Food Authority is \$1200 per year
- ~ 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 | \$1,300 |

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

A 0.4% merchant surcharge will occur on credit card transactions for Mastercard and Visa card

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 signature _____

Please email your completed application to the NSW Food Authority Licensing unit at:

bfs.admin@dpi.nsw.gov.au

C. PAYMENT BY BPAY®, INTERNET BANKING OR TELEPHONE

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 bfs.admin@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:

RTO information

ASIC Certificate of Registration of Business Name (if applicable)

Copy of RTO Registration Certificate

Copy of RTO Scope of Registration

Trainer information

Certified copies of:

- Training qualification (eg Statement of Attainment)
- A document evidencing trainer holds relevant vocational competencies (eg Statement of Attainment)
- Valid FSS certificate
- Current Resumé

Any other comments?