


Food Safety Supervisor Program - RTO Application

This application form is for registered training organisations to apply for approval under Section 106H of the NSW Food Act 2003 to deliver the Food Safety Supervisor Program in NSW

Section 1 – Registered Training Organisation (RTO) details

Company name			
ABN		ACN	
Trading name (if applicable)			

 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 website URL			
RTO email address			

Authorised Contact

Name:			
Position		Phone number	
Alternate contact number		Email	

Section 2 – RTO registration details

What is your Australian Skills Quality Authority (ASQA) RTO approval code?

Are you currently additionally approved by any other state-based registering / training authority?

Yes No

If yes, please advise details below:

Date of initial ASQA RTO registration

Dates of current ASQA RTO registration

Start date:		End date:	
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 Please provide a copy of your RTO Registration Certificate

Has your RTO registration from ASQA been withdrawn or suspended in the last three years?

Yes No

If yes, please advise details below:

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

Yes No

If you answered No:

Provide evidence of previous senior role/s in a NSW Food Authority FSS approved RTO/s. Evidence to include RTO name and ASQA code and if applicable any other state/territory registration code. Also include employment dates, role descriptions, strong compliance history, VET industry history and any other applicable information.

Section 3 – RTO operation details

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.

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	SIRRFSA001 – Handle food safely in a retail environment.
<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.

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 retail environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.

Which locations does your RTO offer training in?

<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?			

Section 4 – RTO trainer/assessor criteria

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

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

Trainer/Assessor details

Name		Phone number	
Mobile number		Email	

Does your training/assessing experience and qualifications meet ASQA Standards for Registered Training Organisations (RTOs) 2015?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Document Checklist:

 Please provide copies of the following:

<input type="checkbox"/>	A valid certified copy of your NSW Food Authority Food Safety Supervisor certificate
<input type="checkbox"/>	A certified copy of your Statement of Attainment for the valid FSS Units of Competency/ies

<input type="checkbox"/>	A certified copy of your Certificate of your training qualification including transcript and additional Statement/s of Attainment if applicable.
<input type="checkbox"/>	A copy of your current resumé including Hospitality / Retail Industry and Training experience

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.

Trainer/Assessor authorisation

I _____ (trainer/assessor) 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.

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.

Does the experience and qualifications of your trainers/assessors meet ASQA Standards for Registered Training Organisations (RTOs) 2015?

<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Authorised Contact Name:			
Signature:		Date:	

Section 6 – Payment details

The annual approval fee payable by RTOs to the Food Authority is \$1,200 per year.

An additional one-off initial processing fee of \$100 will apply.

Fees	Total fee payable
Annual approval fee	\$1,200
+ Application fee	\$100
This is a one-off fee, non-refundable if application is not approved.	
TOTAL PAYABLE	\$1,300

PAYMENT OPTIONS:

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:	<input type="checkbox"/> Mastercard	<input type="checkbox"/> VISA	Please note we do not accept Amex
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Card number:				
Cardholder's name:				
CCV (3 digits on the signature panel)		Expiry Date	MM	YY
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/Assessor Information

Document Checklist:

 Please provide copies of the following:

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<input type="checkbox"/>	A certified copy of your Statement of Attainment for the valid FSS Units of Competency/ies
<input type="checkbox"/>	A certified copy of your Certificate of your training qualification including transcript and additional Statement/s of Attainment if applicable
<input type="checkbox"/>	A copy of your current resumé including Hospitality / Retail Industry and Training experience

Other comments