

## FOOD SAFETY SUPERVISOR PROGRAM

# Registered Training Organisation change of details form

FSS 005

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

- posting to: PO Box 232 Taree NSW 2430
- emailing to: [licensing@foodauthority.nsw.gov.au](mailto:licensing@foodauthority.nsw.gov.au)

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

## RTO company information

NSW Food Authority RTO approval number

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Old company name

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New company name

---

Old trading name

---

New trading name

---

 If operating under a trading name, please provide a copy of Department of Fair Trading Certificate of Registration of Business Name

## RTO contact details

Old street address

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Suburb

---

State

---

Postcode

---

New street address

---

Suburb

---

State

---

Postcode

---

Old postal address

Suburb

State

Postcode

New postal address

Suburb

State

Postcode

Old web address

New web address

Old RTO email

New RTO email

## Authorised contact

Old name

Old position

Old telephone number

Old mobile number

Old email

New name

New position

New telephone number


New mobile number

New email

## RTO scope of registration

Tick appropriate box/es for units of competency now offered:

- Use hygienic practices for food safety (SITXFSA001)
- Participation in safe food handling practices (SITXFSA002)
- Handle food safely in a retail environment (SIRRFSA001)

 Please provide a copy of your RTO's Scope of Registration

## Method of delivery

Tick appropriate boxes for delivery methods now offered for the relevant units of competency

Unit of competency	Face to face	Online	Workplace based	Correspondence	Combination (specify what combination, e.g. online/ workplace based)	Third party report
Use hygienic practices for food safety (SITXFSA001)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in safe food handling practices (SITXFSA002)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handle food safely in a retail environment (SIRRFSA001)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other delivery methods (list details)

## Does your RTO offer the required units under the FSS program in languages other than English? (this is not a compulsory requirement)

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) _____ |

## Which areas does your RTO conduct training in?

(see [www.foodauthority.nsw.gov.au/rp/fss-food-safety-supervisors/approved-training-providers](http://www.foodauthority.nsw.gov.au/rp/fss-food-safety-supervisors/approved-training-providers))

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

## Trainer's details

Please refer to the trainer application form.

## RTO authorisation

I, as an authorised officer of \_\_\_\_\_ (RTO name) acknowledge and understand the NSW Food Authority can use the information in this form for the purposes of s106H of the *Food Act 2003* (NSW) and may disclose this information to any person or organisations that the Food Authority considers has a legitimate interest.

I hereby certify that I am authorised to submit this form on behalf of this business, and that the information supplied by me is true and correct.

Authorised contact name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_