



## 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

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ABN

ACN

Trading name (if applicable)

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

RTO street address

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Suburb

State

Postcode

RTO postal address (for correspondence) If different from above

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Suburb

State

Postcode

RTO web address

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RTO email

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### Authorised contact

Name

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Position

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Telephone number

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Mobile number

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Email

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## 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**

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**c) Has your RTO registration been withdrawn or suspended in the last three years?**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

## Section 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)

 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)

- Yes       No      Handle food safely in a retail environment (SIRRFSA001)
- Yes       No      Use hygienic practices for food safety (SITXFSA001)
- Yes       No      Participate in safe food handling practices (SITXFSA002)

If yes to one or more of the above proceed to question c

\* 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Participate in safe food handling practices (SITXFSA002)	<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)

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?**

(see attached map)

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**

**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.

Please also provide a copy of your resume.

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 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 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
<b>Annual approval fee</b>	<b>\$1200</b>
<b>+ Application fee</b> This is a one-off fee, non-refundable if application is not approved	<b>\$100</b>
<b>TOTAL PAYABLE</b>	<b>\$</b>

### 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 6682, Silverwater NSW 1811

### 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 mail completed application to NSW Food Authority, PO Box 6682, Silverwater NSW 1811

### 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 [licensing@foodauthority.nsw.gov.au](mailto:licensing@foodauthority.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**

- ~Department of Fair Trading Certificate of Registration of Business Name (if applicable)
- ~Copy of RTO Registration Certificate
- ~Copy of RTO Scope of Registration

### **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?