Company name



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

ABN					ACN			
Trading n	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 web	site URL							
RTO ema	il address							

Authorised Contact

Name:					
Position			Ph	one number	
Alternate cor number	itact		Email		
Section 2 – RTO registration details What is your Australian Skills Quality Authority (ASQA) RTO approval code?					
Yes	•	ditionally approved by a	ny other state- ☐ No	based registering	/ training authority?
Date of initial	ASQA	RTO registration			
Dates of curre	nt ASC	QA RTO registration			
Start date:			End d	ate:	
Please pro	vide a c	opy of your RTO Registration	Certificate		I
<u> </u>	regist	ration from ASQA been	withdrawn or	suspended in the	last three years?
□Yes			☐ No		
If yes, plea	se adv	vise details below:			
Has your RTC	been	operating continuously	for one year p	rior to the date of	this application?
□Yes			☐ No		

If you answe	red No:					
to include RT include empl	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 opera	ation details				
Which units	s of compete	ncy does your RTO currently offer?				
(Please tick	c appropriate	box)				
`		•				
SIRRFSA	.001 – Handle f	ood safely in a retail environment.				
SITXFSA	005 - Use hygi	enic practices for food safety.				
	D. (; ;)					
	106 – Participat	e in safe food handling practices.				
Have these	units been o	offered for one year prior to the date of this application?				
(Please tick	c appropriate	box)				
`	•••	,				
☐ Yes	□No	SIRRFSA001 – Handle food safely in a retail environment.				
Yes	□No	SITXFSA005 - Use hygienic practices for food safety.				
Yes	☐ No	SITXFSA006 – Participate in safe food handling practices.				
	_					
	L					

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

	1					
Unit of Competency	Face to Face	Online (practical	Workplace	Correspondence	Combination	
		evidence required)				
SIRRFSA001						
Handle food safely in a retail environment.						
SITXFSA005						
Use hygienic practices for food safety.						
SITXFSA006						
Participate in safe food handling practices.						
Any other delive	ery methods (list	details):				
Does the RTO English? If so,			ssessment in	languages other	r than	
l						
ı						

Online								
Online	☐ Hunter	☐ Central West ar	d Orana	☐ Far West				
☐ Metropolitan Sydney	□ Illawarra	☐ Riverina Murray		☐ Central Coast				
☐ South East/Tablelands	☐ North Coast	☐ New England/N	orth West	Other				
If other, please specify:								
Any additional comments?								
Section 4 – RTO train	er/assessor criter	ia						
THE FSS PROGRAM If there is more than one	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		ile number Email				
	Does your training/assessing experience and qualifications meet ASQA Standards for Registered Training Organisations (RTOs) 2015?							
			ASQA Sta	ndards for				
			ASQA Sta	ndards for				
Registered Training Orga	nisations (RTOs) 201	5?	ASQA Sta	ndards for				
Registered Training Orga	nisations (RTOs) 201	5?	ASQA Sta	ndards for				
Registered Training Orga YES Document Checklist: Please provide copies of	nisations (RTOs) 201	5?						

	A certified coadditional St					ualification in	cluding transcript and	d
	A copy of you	our current r	esumé inc	luding Ho	espitality /	/ Retail Indus	try and Training	
	and endorse as a police	ed as a true officer. The	copy by a JP must ii	Justice of notice of the	f the Pea eir registr eir full na	ace (JP) or a ation number	d with the original public officer such r and signature on title and signature	
Trainer	/Assessor a	uthorisati	on			(tr	ainer/assessor) auth	orise
my empl	oyer						(RTO) to	provide
my perso	onal information	on to the NS	SW Food A	Authority fo	or the pu	rposes of de	termining whether the	e NSW
Food Au	thority agrees	s that I can c	conduct tra	aining on t	he orgar	nisation's beh	alf for the purposes	of
issuing F	ood Safety S	upervisor ce	ertificates.	This auth	orisation	is limited to	the provision of my r	iame,
contact o	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								
disclosur	e of the inforr	nation to an	ny person (or body th	ie NSW f	Food Authorit	ty considers has a	
legitimate	e interest in re	eceiving it, a	and I cons	ent to suc	h disclos	sure.		
Name:								
Signatu	re:					Date:		

Section 5 – RTO authorisation

I				(name)	being an authorised officer			
of	(RTO) acknowledge							
and understand tl	ne NSW Food A	uthority will use th	e informat	ion contained	d within this application for			
the purposes of s	106H of the Foo	d Act 2003 (NSW).					
If any information	supplied by me	may be considered	ed to be ur	ntrue or misle	ading in any respect, I			
understand that tl	ne NSW Food A	uthority may take	such actio	n as it believ	es necessary, including the			
disclosure of the i	nformation to ar	ny person or body	the Food	Authority con	siders has a legitimate			
interest in receiving	ng it, and I conse	ent to such disclos	sure.					
I understand that	if approved by t	he NSW Food Aut	hority, the	RTO I repres	sent will be published on the			
Food Safety Supe	ervisor Approved	d Training Provide	r List on th	ne Food Autho	ority's website.			
-	-	ications of your toons (RTOs) 2015		ssessors me	eet ASQA Standards for			
YES			□NO					
Authorised Cont	act 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 This is a one-off fee, non-refundable if application is not approved.	\$100
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

Please debit my:	Mastercard		□VISA		Please note we do not accept Amex		
Card number:							
Cardholder's name:							
CCV							
(3 digits on the signature panel)		Expiry D	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
Traiı	ner/Assessor Information
Docu	ument Checklist:
⊕ Ple	ease provide copies of the following:
	A valid certified copy of your NSW Food Authority Food Safety Supervisor certificate
	A certified copy of your Statement of Attainment for the valid FSS Units of Competency/ies
	A certified copy of your Certificate of your training qualification including transcript and additional Statement/s of Attainment if applicable
	A copy of your current resumé including Hospitality / Retail Industry and Training experience
Othe	er comments