



Application for Renewal of Approval Department of Agriculture Approved Auditor

Export Control (Eggs and Egg Products) Orders 2005
Export Control (Fish and Fish Products) Orders 2005
Export Control (Meat and Meat Products) Orders 2005
Export Control (Milk & Milk Products) Orders 2005
Export Control (Poultry Meat and Poultry Meat Products) Orders 2010
Export Control (Wild Game Meat and Wild Game Meat Products) Orders 2010

Use BLOCK LETTERS. Mark check boxes with a cross (X).
 Illegible / incomplete forms will be returned.

1. Personal Details	
Title: (Mr, Mrs etc.)	
Surname:	
First Name:	
Second Name:	
Date of Birth:	

2. ID Card Details	
ID Card No.	
Name on Card:	

3. Contact Details		
Residential Address:		
	State:	Post Code:
Postal Address: <small>If same as residential address write 'As Above'</small>		
State:	Post Code:	
Phone Number:		
Mobile Number:		
Work Email:		

4. Publication of information		
I consent to my name, contact numbers, email address, commodity risk classification (audit scope) and region of operation approval being published by the Department of Agriculture (the Department) on the public Approved Auditor Register.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. Commodity Risk Classifications

For further information relating to commodity risk refer to the Approved Auditor Manual.

Please specify the commodity and risk classification(s) that you are applying to audit:

Low Risk – Stores (dry, cold, Freezer) Freight forwarders, packing live fish

Medium Risk Eggs Fish Poultry

High Risk Dairy Eggs Fish
 Meat Poultry Wild Game

- Heat Treatment
- Cook Chill
- Ready to Eat (Meat / Poultry / Wild Game only)
- Bivalve Molluscs (Fish only)
- Ready to Eat Products (Eggs, Fish & Dairy only)

6. Auditing / Commodity Experience

List your auditing experience and any experience to support your knowledge of the commodities and processes applied for. Provide specific details of experience in each of the commodity risk classifications listed in section 6. If the space below is insufficient, please provide on a separate sheet.

7. Which State / Territory do you intend to service?

- | | |
|---|--|
| <input type="checkbox"/> Australian Capital Territory | <input type="checkbox"/> South Australia |
| <input type="checkbox"/> New South Wales | <input type="checkbox"/> Tasmania |
| <input type="checkbox"/> Northern Territory | <input type="checkbox"/> Victoria |
| <input type="checkbox"/> Queensland | <input type="checkbox"/> Western Australia |

8. Professional Indemnity Insurance

Are you covered by Professional Indemnity Insurance?

Yes No

If yes, how much is your coverage for?

\$

Who is the insurance provider?

Please provide certified copies of your insurance certificate.

9. Unit of Competency (Qualifications)

Please specify the units of competency you have attained:

Minimum requirements for all risk scopes

- FDFFSACA / FDFAU4001A / RABQSA NFS1 – Assess compliance with food safety program
This competency may be superseded the competency FDFFSDFSAA / FDFAU4003A
- FDFFSCOMA / FDFAU4002A / RABQSA NFS2– Communicate and negotiate to conduct food
- FDFFSDFSAA / FDFAU4003A / RABQSA NFS3 – Conduct food safety audits
- FDFFSCHZA / FDFAU4004A / RABQSA NFS4 – Identify, evaluate and control food safety

Requirements for medium and / or high risk scope

- Certificate IV or higher in food science or related field including 40 hours microbiology

Requirements for high risk scopes*

- FDFFSACC4A / FDFAU4006A– Audit a cook chill process
- FDFFSHT4A / FDFAU4007A– Audit a heat treatment process (retort & pasteurization)
- FDFFSME4A / FDFAU4008A – Audit manufacturing of ready-to-eat meat products
- FDFFSBM4A / FDFAU4005A– Audit bivalve mollusc growing & harvesting operations

* These units of competency form the basis of issuing high risk endorsements to auditors. If you have not completed the necessary unit of competency, you may still apply as a low or medium risk regulatory food safety auditor until such time as you achieve the competency.

Please attach certified copies of your statements of attainment / qualifications provided by a Registered Training Organisation.

10. Disclosure of Conflict of Interest

You are required to provide details of any conflict of interests (real or perceived) that may exist, or may be likely to arise (including any services provided under a contract or consultancy arrangement i.e. internal audit / documenting Approved Arrangements), if you are appointed as an Approved Auditor to perform regulatory audits at any Registered Establishments. This must include detail of any positions of management or control that you currently hold, or have been offered or have previously held, in regard to the operations carried on in any Export Registered Establishment.

If the space below is insufficient, please provide on a separate sheet.

11. Pending Criminal Charges / Denial of Approval

In the past 12 months:

- | | | |
|---|------------------------------|-----------------------------|
| - have you been convicted of any criminal offence in any state or federal court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - have you been denied approval to undertake the role of a food safety auditor, or had an auditing accreditation or registration suspended or cancelled by any licensing authority in Australia or New Zealand? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to either of the above questions is yes, please provide details on a separate sheet.

12. Processing Fee (Non-refundable)**\$480.00** GST nil

Payment may be by cheque, money order or credit card.
 Payment must accompany application.
 Application will only be processed upon receipt of payment.

13. Payment

I have attached a cheque or money order for **\$480.00** payable to the Department of Agriculture

I authorise the Department of Agriculture to debit the processing fee of **\$480.00** to my Credit Card

Card Type: Visa
 American Express
 MasterCard

Card Number			
Cardholder's Name			
Expiry Date		Payment Amount	\$
Cardholders Signature			

14. Applicant Declaration

I, (clearly print full name) _____
 being the applicant, apply for approval as an Approved Auditor under schedule 10 of the *Export Control (Eggs & Egg Products) Orders 2005*, *Export Control (Fish & Fish Products) Orders 2005*, *Export Control (Milk & Milk Products) Orders 2005* and / or schedule 9 of the *Export Control (Meat and Meat Products) Orders 2005*, *Export Control (Poultry Meat and Poultry Meat Products) Orders 2010* and *Export Control (Wild Game Meat and Wild Game Meat Products) Orders 2010* and confirm that:

- I am a citizen of Australia or New Zealand or have provided a copy of my passport and relevant visa which allows me to work in Australia.
- I understand that my name, contact details, auditing scope and approval details will be published by the Department on a public register of approved auditors.
- I have read, understood and will comply with all aspects of the Approved Auditor Code of Conduct when undertaking regulatory audits as an approved auditor.
- I will comply with any procedures and instructions issued by the Department in relation to the conduct of regulatory audits.
- I have read and understood all information in the Approved Auditor manual and will, in conducting audits comply with that manual (as amended by the Department from time to time), as it sets out the documented procedures for the conduct of audits by me.
- all information that I have given and the statements that I have made in, or in connection with, this application are true and correct. I understand giving false or misleading information to the Commonwealth is a serious offence.

Signature:		Date:	
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15. Protecting your privacy

'Personal information' means any information or opinion about an identified, or reasonably identifiable, individual.

The collection of personal information by the Department in relation to this form is for the purposes of assessing your application for approval as an Approved Auditor. If the relevant personal information requested in this form is not provided by you, the department will be unable to assess your eligibility as an Approved Auditor.

Personal information may be disclosed to other Australian agencies, persons or organisations where necessary for these purposes, provided the disclosure is consistent with relevant laws, in particular the Privacy Act 1988. Your personal information will be used and stored in accordance with the Privacy Principles.

By completing and submitting this form you consent to the collection of all personal information, contained in this form.

The department's Privacy Policy, including information about access to and correction of your personal information, can be found at:

<http://www.daff.gov.au/about/accessing-information/foi/ips/operational-information/privacy-policy>

To contact the department about your personal information or to make a complaint:

Telephone: +61 2 6272 3933
Email: privacy@daff.gov.au
Post: Privacy Contact Officer
Department of Agriculture
GPO Box 858
Canberra ACT 2601.

16. Check your application

Please check that you have completed all required sections of this form and attached certified copies of required documents.

Please do not provide original copies of any documents. All photocopies of documents supplied with this application must be certified copies – sections 21 and 22 provide guidance on the certification of copies.

- Certified copies of 100 point ID check documents provided (section 1)
- Consented to the publication of my details on the Approved Auditor Register (section 3)
- Certified copy of Passport and Visa attached, as required (section 4)
- Four (4) standard passport photographs provided (section 5)
- Signature block completed (section 5)
- Evidence of relevant experience, knowledge and qualifications provided (sections 7 and 9)
- Certified copy of professional indemnity certificate of insurance (section 10)
- Provided details of pending criminal charges or denied applications for approval (section 12)
- Provided a certified copy of an AFP NPC (section 13)
- Signed and dated the Applicant Declaration (section 14)
- All required sections completed

Completed application form to be sent to: Senior Commodity Officer
Dairy, Egg and Fish Export Program
Department of Agriculture
PO Box 222
HAMILTON CENTRAL QLD 4007