



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

ABN

ACN

Trading name (if applicable)

If operating under a trading name, please provide a copy of Department of Fair Trading 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 address

RTO email

Authorised contact

Name

Position

Telephone number

Mobile number

Email


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

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c) Has your RTO registration been withdrawn or suspended in the last three years?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

- Apply retail food safety practices (SIRRFSA001A)
- Use hygienic practices for food safety (SITXFSA101)
- Participate in safe food handling practices (SITXFSA201)

 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 Apply retail food safety practices (SIRRFSA001A)
- Yes No Use hygienic practices for food safety (SITXFSA101)
- Yes No Participate in safe food handling practices (SITXFSA201)

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

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 eg online/workplace based)
Apply retail food safety practices (SIRRFSA001A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use hygienic practices for food safety (SITXFSA101)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in safe food handling practices (SITXFSA201)	<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)

All of NSW

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.

a) Complete trainer contact details

Name

Telephone number

Mobile number

Email

b) Does your training experience and qualifications meet the Standards for Registered Training Organisations (RTOs) 2015?

Yes

No

 Please provide a certified copy of:

(i) your training qualification, and

(ii) a document evidencing the qualifications or experience to show that you hold the relevant vocational competencies, at least to the level being delivered.

Please list specific details of experience (incl dates)

d) Trainer authorisation

I authorise my employer _____ (RTO name)

to provide my personal information to the NSW Food Authority for the purposes of determining its application to become an approved registered training organisation. 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 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
Annual approval fee	\$1200
+ Application fee This is a one-off fee, non-refundable if application is not approved	\$100
TOTAL PAYABLE	\$

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

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?