



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

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

RTO company information

NSW Food Authority RTO Approval number

Old company name

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

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:

- 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

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 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)

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) _____ |

Trainer's details

A change or update to trainer's details is required if:

- (i) an existing trainer's details have changed (go to Section 1)
- (ii) a new trainer is to be added (go to Section 2) (to be completed by trainer)
- (iii) an existing trainer is to be removed (go to Section 3)

If more than one trainer is changing their details, make copies of the relevant section and attach to the form.

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

Section 1 – Update to current trainer's details

Name

Telephone number

Mobile number

Email

Section 2 – Addition of new trainer

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.

Name

Telephone number

Mobile number

Email

- a) 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.

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 Food Authority considers has a legitimate interest in receiving it, and I consent to such disclosure.

Trainer name _____

Signature _____

Date _____

Section 3 – Removal of current trainer

Name _____

Telephone number _____

Mobile number _____

Email _____