**Application for Approval as a Food Safety Auditor – Meals for Vulnerable Populations**

**1. APPLICANT DETAILS**

|  |  |
| --- | --- |
| Full name: |  |
| Postal address: |  |
| Post code: |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |

**2. EMPLOYMENT DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Business Name: | | |  | | | |
| Trading Name (if applicable): | | | |  | | |
| ABN |  | | | | ACN |  |
| Postal address: | | |  | | | |
| Post Code: | |  | | | | |

**3. CURRENT AUDIT CERTIFICATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Certifying organisation: | | |  | | | |
| Certification number: | | |  | | | |
| Auditor Level: |  | | | Includes competence in cook-chill process auditing | | |
| Are you **currently** registered as a food safety auditor for meals for vulnerable populations elsewhere in Australia? If yes, tick all states or territories that apply. | | | | | | |
| ACT | | NSW | | | NT | QLD |
| SA | | VIC | | | WA |  |
| ***Please attach evidence of your current audit certification (e.g. copy of certificate and/or evidence of auditor approval outside of Tasmania).*** | | | | | | |
|  | | | | | | |

**4. PERSONAL HISTORY INFORMATION**

|  |  |  |
| --- | --- | --- |
| In the last 12 months: | Yes | No |
| 1. Have you been convicted of any criminal offence in any state or in federal court?  If Yes, provide attach details of offence. |  |  |
|  | | |
| 2. 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? If Yes, attach a detailed explanation. |  |  |
|  | | |

**5. PERSONAL INDEMNITY INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you or your employer have Personal Indemnity Insurance? | | Yes | No |
| If Yes, provide: | Name of insurer: | | |
|  | Policy number: | | |

|  |  |  |
| --- | --- | --- |
| **6. FEES** | | |
| Food Safety Auditor fee | $187.92 | A tax invoice will be sent to you for payment. The fee is non-refundable. You will not be approved as a Food Safety Auditor until full payment is received. |

**7. AUDITOR IDENTIFICATION**

**If your application is approved, you will be issued with a Certificate of Authority that includes your signature and photo for identification purposes.**

**Please sign your name within the confines of the box below using BLACK INK.**

**Please provide a recent photo/headshot of yourself – an electronic image is preferred.**

|  |  |
| --- | --- |
| **8. DECLARATION**  **You will need to print this page to complete this section.**  I, (print your full name)  being the applicant, apply for approval as a Food Safety Auditor under the Food Act *2003*,and confirm that:   * I have read, understood and agree to comply with the NFSA Code of Conduct or an equivalent Code of Conduct, namely: * I have read, understood and agree to comply with the provisions contained in Part 6A of the *Food Act 2003 (Tas).* * I understand that a 100-point identity check, criminal record, qualifications and client check may be undertaken as part of the application process by the food regulator. * I have examined the application form and all supporting documents submitted by me. To the best of my knowledge this information is true, correct and complete. * I give permission for my name, phone, mobile and email given in Section 1 of this form to be listed on the Department’s website under the List of Approved Auditors. * I understand that the Department may require registered auditors to attend training sessions (such as where major legislative changes occur) from time to time which will be at the auditor’s expense. * I shall maintain a suitable professional indemnity policy (insurance) for the duration of my Food Safety Auditor approval. | |
| Signature: | Date: |

**Please check that you have completed all parts of this form and, where applicable, have attached:**

* **evidence of current audit certification (Section 3)**
* **details of prior convictions (Section 4)**
* **details of denial, suspension or cancellation of a Food Safety Auditor approval (Section 4)**
* **an electronic photograph of yourself (Section 7).**

**Email your completed form along with supporting documents to** [**public.health@health.tas.gov.au**](mailto:public.health@health.tas.gov.au)

**For assistance completing this form, phone 1800 671 738**