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

**1. APPLICANT DETAILS**

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| --- | --- |
| 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:       |

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| **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.**

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| **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**

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