

Notification of Food Safety Supervisor

Food Act 2006

Collection Notice: Council requires the personal information requested on this form for the purpose of assessing your application and administering licenses and approvals in the region. The information will not be disclosed to any other party unless required by law.

Application is for:

- ☐ Notification of changes to details of previously nominated Food Safety Supervisor
☐ Notification of new Food Safety Supervisor

OFFICE USE ONLY

Please provide existing food business licence number and expiry date (if applicable)

Existing licence number:

Expiry:

Food business details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (specify)

Licensee name/ Company name:

Food business name:

Food business address:

Postal address:

I declare that I have the authority to sign on behalf of the company or registered organisation or licensee and that the information provided in this application to be true and correct.

Licensee signature:

Date:

/

/

Food Safety Supervisor details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Family name:

Given name:

Business hours contact number:

Food sector

☐ Food Processing

☐ Retail and Hospitality

☐ Health and Community Services

☐ Transport and Distribution

Nomination of food safety supervisor (if applicable)

NOTE: Please attach a copy of the food safety supervisor's qualifications.

Food safety supervisor training provider:

Qualification acquired (please tick appropriate and provide a copy with application):

☐ THHGH01B / SITXOHS002A / SITXFSA101

☐ THHBCC11B / SITXFSA001A / SITXFSA201

☐ WRRLP6C

☐ Other (specify)

OFFICE USE ONLY

Receipt number:

Date:

Assessment number:

Lot/Plan: