

Application

Approval as an auditor – *Food Act 2006*

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| **SECTION 1 - Applicant details:** |
| Title: | Surname: | Given name/s: |
| Residential address: |
| Town/Suburb: | State: | Post code: |
| Postal address: [ ]  As above Other: |
| Contact: | Personal Email: |
| Birth information: | Date of birth: / / | Town: |
| State:  | Country:  |
| Drivers licence: | Number: | State of issue:  |

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| **Employment/business details:**  |
| Business or trading name: |
| Address:  |
| Town/Suburb: | State: | Post code: |
| Postal address: [ ]  As above Other: |
| Business contact: | Business Email: |

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| **Public register details:** Only enter details that you are prepared to have publicly available on the auditor register published on the Queensland Health website. |
| Business or trading name: |
| Business contact: Telephone: | Mobile: |
| Business Email:  |
| Please email Approval to: [ ]  Personal [ ]  Business |

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| **SECTION 2 – Disclosure:** Have you, the applicant in the last 12 months: Yes No |
| Been convicted of an indictable offence (drink driving and minor traffic offences are not indictable)? |[ ] [ ]
| Been convicted of an offence against the *Food Act 2006*, *Food Regulation 2016* or a repealed provision or a corresponding law? |[ ] [ ]
| Held or applied for an approval under the *Food Act 2006* or a repealed provision or a corresponding law that was refused, suspended, cancelled or any other action imposed upon it? |[ ] [ ]
| Been subject to, or are the subject of, disciplinary action in any state, territory or New Zealand relating to a food business? |[ ] [ ]
| Been prohibited from performing auditing activities and not subject to any special conditions in carrying on auditing activities, because of criminal, civil or disciplinary proceedings in any state, territory, or New Zealand? |[ ] [ ]

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| **SECTION 3 – Qualifications:**Evidence of successful completion of qualifications **MUST** be provided as attachments. Evidence  attached |
| Certificate IV or higher in food science or a related field. **Evidence of the subjects completed i.e., an academic transcript, must be submitted with the application.** |
| Name of qualification: |  |[ ]
| Academic transcript: |  |[ ]
| 40 hours of food microbiology: | [ ]  As part of the above qualification[ ]  As an individual unitName of unit:  |[ ]
| Core competency units: | FBPAUD4002 (or FDFAU4002A or FDFFSCOMA) *Communicate and negotiate to conduct food safety audits* |[ ]
|  | FBPAUD4003 (or FDFAU4003A or FDFFSCFSAA) *Conduct food safety audits* |  |
|  | FBPAUD4004 (or FDFAU4004A or FDFFSCHZA) *Identify, evaluate and control food safety hazards* |  |
| Optional specialised training: | FBPAUD5002 (or FDFAU4006A or FDFFSCC4A) *Audit a cook chill process* |[ ]
|  | FBPAUD5003 (or FDFAU4007B or FDFFSHT4A) *Audit a heat treatment process* |[ ]

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| **SECTION 4 – Other registration details:** Yes No |
| Are you currently registered with another Australian state or territory or other Queensland government department as a regulatory food safety auditor? | ☐ | ☐ |
| NSW [ ]  VIC [ ]  SA [ ]  WA [ ]  NT [ ]  ACT [ ]  TAS [ ]  Approval No:Other government department:  |
| Are you currently registered with an Australian Personnel Certification Body and/or equivalent organisations overseas as a food safety auditor? |[ ] [ ]

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| **SECTION 5 - Declaration:**Every question must be answered: Yes No |
| I declare that the information stated in this application form to the best of my knowledge is true, correct, and complete. |[ ] [ ]
| I consent to the making of enquiries, and the exchange of information with the authorities of any state, territory, or New Zealand for any matters relevant to this application. |[ ] [ ]
| I understand that my details including name, relevant contact details and conditions of approval will be published on the Queensland Health register of approved auditors, which is publicly available. |[ ] [ ]
| I declare that I have read, understood and agree to comply with the *Code of Conduct for approved auditors* and the *Food Act 2006.* |[ ] [ ]
| I declare that I have an adequate level of professional indemnity insurance. |[ ] [ ]
| I consent to a criminal history check being conducted through the Queensland Police Service in deciding if I am a suitable person to be an approved auditor. |[ ] [ ]
| I understand that Queensland Health may conduct check audits of accredited food safety programs I have audited. I understand that the check audits may include an assessment of the accuracy of the audit report. |[ ] [ ]
| **Signature: Date: / /** |

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| **Privacy statement** The Department of Health provides this form under the *Food Act 2006* so that you may apply to the chief executive for renewal as an auditor. The information and documents collected for the purpose of this application may be accessible by appropriately authorised officers of the department or its agents. Your personal information may be provided to the Queensland Police Service for the purpose of conducting a criminal history check, and may be disclosed to other state, territory or New Zealand. Amended approval details will be publicly available on the Department’s register of approved auditors as required by the Act. The Department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law. The *Information Privacy Act 2009* sets out the rules for the collection and handling of personal information by the Department of Health. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au) |

Information including the approved [schedule of fees](https://www.health.qld.gov.au/__data/assets/pdf_file/0029/823880/schedule-of-fees.pdf) and BPOINT Payment is available via the Queensland Health Tools for Auditors website: <https://www.qld.gov.au/health/staying-healthy/food-pantry/training-and-teaching-resources/resources-auditors>

**Submit the completed application form and BPOINT Payment receipt to:**

foodsafety@health.qld.gov.au

OR

Food Safety Standards and Regulation
Health Protection Branch
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

Enquiries should be directed to Food Safety Standards and Regulation by phone (07) 3328 9310 or email foodsafety@health.qld.gov.au