# Food Safety Program Accreditation and Amendment Form

**Privacy Notice:** Council is collecting the personal information you supply on this form for the purpose of processing your application. Council is authorised to do this under section 102 of the *Food Act 2006*. Council deals with your personal information in accordance with law, including the *Information Privacy Act 2009*.



This form is to be completed when applying for accreditation of a food safety program or amendment to an accredited food safety program for a food business carried on by the applicant. Food Safety Program amendment applications will be forwarded an invoice when the application is decided.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: rockhamptonregion.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Under the *Food Act 2006*, certain licensable food businesses in Queensland must have an accredited food safety program. Food businesses require an accredited food safety program if they provide offsite catering; onsite catering as the primary activity at the premises stated in the licence or part thereof; operate as part of a private hospital under the *Private Health Facilities Act 1999*; or produce potentially hazardous food for vulnerable populations at child care, aged care and hospital facilities.

Applicant Details						
Applicant name: (if partnership or company)				ABN:		
Applicant name: ( <i>if individual</i> )						
	First		Middle		Last	
Preferred contact number:		Email:				
Residential Address (if individual)						
Street number and name:						
Suburb:			State:		Postcode:	
Postal address (if different or company):						
Application Type						
Please select the relevant application type:						
Licence Details						
Licence number:			Trading name:			
Premises Location						
Street number and name:						
Suburb:			State:		Postcode:	
Business Type						
Please identify the relevant business type:						
□ Offsite catering	tering			□ Aged care facility □ Private hospital		
□ Onsite catering	Other (please specify):					
Food Safety Auditor Details						
Rockhampton Regional Council requires the applicant to obtain a 'Notice of Written Advice' from an approved auditor as to whether the food safety program meets the criteria for food safety programs set out in section 104 of the <i>Food Act 2006</i> . Please visit the Queensland health website <a href="https://www.qld.gov.au/health/staying-healthy/food-pantry/food-safety-programs-and-auditors">https://www.qld.gov.au/health/staying-healthy/food-pantry/food-safety-programs-and-auditors</a> for a list of approved food safety auditors.						
Food safety auditor's name:						
OFFICE USE Date:	Date: CSO:		Information		hecked: Y / N	
ONLY Amount:	mount: Receipt number:			Licence numb	Licence number:	

# **Supporting Documentation**

Please remember to provide the following supporting documentation when submitting this form:

 $\Box$  Two copies of the food safety program.

 $\hfill\square$  'Notice of Written Advice' from an approved food safety auditor.

### Declaration

I submit this Food Safety Program Accreditation and Amendment Form with supporting documentation as required. For amendment applications, I understand that Council will forward an account for the relevant fee for processing when the assessment is complete.

Applicant name:

Applicant signature:

Date:

Signatory name: (*if partnership or company*) Signatory position: (*if partnership or company*)

# **Fees and Charges**

For a full list of fees and charges please refer to Council's Fees and Charges Schedule.

# Payment Information

**In person** | You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount Morgan; 1 Ranger Street, Gracemere.

**By phone** | Customer Service staff will contact you regarding payment via credit card or debit once this form is received. **By post** | Make your cheques/money order payable to 'Rockhampton Regional Council' and send to PO Box 1860, Rockhampton, Queensland, 4700.