

Food Safety Program Accreditation and Amendment Form

Food Act 2006



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..

1. Application is for:

Accreditation (fee includes review of Food Safety Program by a Food Safety Auditor approved by Qld Health and issue of Accreditation Certificate) **\$650.00**

Amendment (either by holder of the Food Safety Program or Council's initiative) **\$195.00**
per hour or part thereof of Officer time.

2. Applicant Details:

(Complete For Individual Applicant Only)

Mr Mrs Ms Dr Other

Surname

Given name/s

Mr Mrs Ms Dr Other

Surname

Given name/s

Residential address
Postcode

Postal address (if different from above)
Postcode

Home phone no. Mobile phone no.

E-mail

Complete For Registered Entity/Company Only:

ABN / ACN:

Company or incorporated association's Name

Director name/s or management committee names of incorporated association (attach additional sheet if more room required)

Corporations address of registered office or Incorporated associations nominated address:

Postcode

Postal address (if different from above)

Postcode

Phone no. Mobile phone no.

E-mail

3. Electronic Authorisation

Gympie Regional Council now offers the option of having your Food Business Licence correspondence and information sent to you via email. Do you authorise Council to send you information electronically?

No
Yes

4. Contact Person:

On-site contact person name:

On-site phone no. On-site mobile no.

E-mail

5. Business Details:

Business Name (trading name)

Business Address

.....
.....
Postcode

Business phone no.

Business mobile no.

Business E-mail

6. Business type:

Please identify the relevant business type:

- Offsite catering
- Child care centre
- Aged care facility
- Onsite Catering
- Private hospital
- Other (please specify):

7. Food Safety Auditor Details:

Gympie 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 *Food Act 2006*.

Please visit the Queensland health website <https://www.publications.qld.gov.au/dataset/food-safety-auditing/resource/62aaf1c5-f60b-4e0f-b726-488ac27d5a93> for a list of approved food safety auditors

Food Safety Auditors Name:

Approval No:

8. Supporting Documentation

- One copy of the food safety program, including support programs & records
- Written advice for consideration of Food Safety Program for accreditation from Queensland Health approved Food Safety Auditor – only for applications of accreditation.*

9. Declaration:

If you have not told the truth in this application, you may be liable for prosecution under the *Food Act 2006*.

- **I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge.**
- **I understand that Gympie Regional Council collects personal information where it is directly related to a function or activity of Council and where the collection of such information may be reasonably considered as necessary for that purpose. It will only use personal information for that purpose, and will not disclose it, except as permitted under the *Information Privacy Act 2009*.**
- **I understand that public availability of information supplied on or with this application can be restricted only after the confidentiality of information has been tested by application through the *Right to Information Act 2009*, and that the information supplied on or with this application may be used in accordance with the *Evidence Act 1977*.**

Print Name

Applicant Signature 1

Date

Print Name

Applicant Signature 2 (if applicable)

Date