



Gympie Regional Council

Community Sustainability Directorate
29 Channon Street, PO Box 155,
Gympie QLD 4570
Telephone: 1300 307 800
Facsimile: 07 5481 0801
Email: council@gympie.qld.gov.au
Website: www.gympie.qld.gov.au

Food Safety Program Accreditation and Amendment Form

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.

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.**

Applications can be made either in person at 29 Channon Street, Gympie (8:30am – 4:30pm) or via email to health@gympie.qld.gov.au. Invoices are issued to applicants upon receipt of the application and payment can be made online at: payments.gympie.qld.gov.au

Section 1 – Applicant/s details

PRIVACY STATEMENT:
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.

ABN or ACN

Applicant

Name/s of Directors (if Private Company) / Management Committee (if Incorporated Association) / Applicants (all others):

Title

Surname

Given Names

Corporations address of registered office / Incorporated Associations nominated address:

Address

Suburb

State

Postcode

Section 2 - Business details

Trading name

Postal address

Phone

Mobile

Email address

Section 3 Business Type

Please identify the relevant business type:

☐ Offsite catering

☐ Child care centre

☐ Aged care facility

☐ Onsite Catering

☐ Private hospital

☐ Other (*please specify*)

Section 4 – 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: _____

Section 5

**This section must
be completed for all
applications**

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*.
- 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.

Print Name: _____

Applicant 1 - Signature: _____ Date: _____

Print Name: _____

Applicant 2 - Signature: _____ Date: _____

**SIGN & DATE
HERE**

Section 8

Supporting Documentation

- ☐ One copy of the food safety program.
- ☐ 'Notice of Written Advice' from an approved food safety auditor.

Office Use Only

Total Fees Paid

\$

Date

/ / 20.....

Receipt No.