



Food Act 2008 Part 8 Division 1

Application for Approval/ Renewal/ Adding an Additional Competency as a Regulatory Food Safety Auditor

APPLICATION TYPE

APPROVAL (new application)

For approval complete all sections of the form (except section 10)

APPROVAL (RENEWAL) and/or adding an ADDITIONAL COMPETENCY

For renewal and/or adding an additional competency complete all sections except 4, 5 and 6

SECTION 1: CONTACT DETAILS

Details marked with an asterisk (*) will be made publicly available on the Department of Health's approved regulatory food safety auditors list

Full Name*:

Business name (optional)*

Postal Address:

Suburb:

Phone Number*:

Mobile Number*:

Facsimile Number*:

E-mail Address*:

Web Address*:

SECTION 2: EMPLOYMENT DETAILS

Employment Arrangements:

Self-employed

Subcontracting

Audit Company Employee

Local Government

Dept. of Agriculture, Water and the Environment

Business Name: _____

Trading Name (if applicable): _____

ABN ACN

Postal Address: _____

Phone Number: _____ Facsimile Number: _____

SECTION 3: MUTUAL RECOGNITION

Yes No

Do you hold an active approval as a regulatory food safety auditor in any other jurisdiction?

If yes, please tick relevant jurisdiction below and note that you are still required to address Skills and Knowledge – Selection Criteria in Section 4 below:

VIC QLD SA TAS

NSW NT ACT

Department of Agriculture, Water and the Environment

*If an approved third-party auditor currently with the Department of Agriculture, Water and the Environment you are not required to complete section 4.

Please provide a certified copy of your certificate of approval and sign the following declaration:

I consent to the CEO, Department of Health, to access such information and particulars as necessary from the above-mentioned jurisdiction/s in order to process my application for approval as a food safety auditor in Western Australia.

Signature: _____ Date: _____

SECTION 4: SKILLS AND KNOWLEDGE – SELECTION CRITERIA

Please attach a written statement addressing each of the following selection criteria:

You are required to provide 1-2 pages per selection criteria using the STAR concept (for further information regarding the STAR concept refer to Appendix 2).

- An in-depth understanding of the Australia New Zealand Food Standards Code; in particular a recent working knowledge of Chapter 3 (the Food Safety Standards);
- An in-depth understanding of how the Food Safety Standards relate to the specific food industry sector the applicant is applying to audit;
- A demonstrated ability to interpret the requirements of the Western Australian Food Regulatory System, including the *Food Act 2008* and the Regulatory Food Safety Auditing Framework;
- Knowledge and a demonstrated ability to carry out auditing of food safety programs/quality assurance plans/food safety management systems (whichever applicable); and
- An understanding of the role of state (Department of Health) and local government in food regulation.

SECTION 5: BACKGROUND QUALIFICATIONS/RELEVANT EXPERIENCE

Please attach all relevant evidence of your qualifications for Pathway A or Pathway B and other relevant qualifications e.g. HACCP/auditing (certified copies)

Name of institution.....

Qualification obtained

Year granted

Please complete either Pathway A or B

Pathway A

Do you hold qualifications acceptable for approval as an Environmental Health Officer as detailed in the Guidelines on the Designation of Authorised Officers under section 18 Public Health Act 2016 (listed in the Environmental Health Officers (Approved Qualifications and Experience for Appointment) Notice 2017) and have recent practical experience in food safety assessment within the industry sector applicable?

Yes

No

Pathway B

Do you possess a Certificate IV or higher in Food Science and Technology including 40 hours of Food Microbiology? Please attach certified copies of academic transcript.

Yes

No

OR

Do you possess a Certificate IV or higher in a related field including a minimum of 40 hours of Food Microbiology? Please attach certified copies of academic transcript and relevant certification confirming equivalency of above qualification by RTO.

Yes

No

SECTION 6: AUDIT KNOWLEDGE COMPETENCIES

Please attach certified copies of attainment of competency

Registered Training Organisation: _____

Tick competencies acquired:

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | FDFFSACA or
FDFAU4001/FBPAUD4001
(RABQSA-NFS1) | Assess compliance with food safety programs |
| <input type="checkbox"/> | FDFFSCOMA or
FDFAU4002A/FBPAUD4002
(RABQSA-NFS2) | Communicate and negotiate to conduct food safety audits |
| <input type="checkbox"/> | FDFFSFCFSAA or
FDFAU4003A/FBPAUD4003
(RABQSA-NFS3) | Conduct food safety audits |
| <input type="checkbox"/> | FDFFSCHZA or
FDFAU4004A/FBPAUD4004
(RABQSA-NFS4) | Identify, evaluate and control food safety hazards |

Note: if you have completed alternative units you believe cover the same content as the above 4 units, you will need to provide a statement from the issuing registered training organisation detailing the equivalent knowledge acquired.

SECTION 7: APPLYING FOR APPROVAL OF SPECIALISED HIGH RISK ACTIVITES (Details marked with an asterisk (*) will be made publicly available on the Department of Health's approved regulatory food safety auditors list)

Do you already have approval for specialised high-risk activities? If yes, please specify.

Or

Do you wish to apply for approval of specialised high risk activities?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please select the high-risk activity you are applying for:

Cook-Chill processes*

Necessary if the auditor wishes to audit food businesses involved in the production and processing of food products that are minimally heat processed and distributed as chilled products with a defined shelf life (undertake a "cook-chill" process).

Applicants must ensure that a certified copy of successful completion of **FDFFSACC4A or FDFAU4006A/FBPAUD5002: Audit a Cook-Chill Process** is submitted with this application. A witness audit will need to be arranged to provide evidence that the regulatory food safety auditor is competent to audit this specialised activity.



Heat Treatment processes*

Necessary if the auditor wishes to audit food businesses involved in heat treatment processes that are designed to bring about defined logarithmic reductions in target organisms in food products (undertake a "heat treatment" process).

Applicants must ensure that a certified copy of successful completion of **FDFFSHT4A or FDFAU4007A or FDFAU4007B /FBPAUD5003: Audit a Heat Treatment Process** is submitted with this application. A witness audit will need to be arranged to provide evidence that the regulatory food safety auditor is competent to audit this specialised activity.

SECTION 8: PERSONAL HISTORY INFORMATION

In the last 4 years:

	Yes	No
Have you been convicted of any criminal offence in Australia? <i>If yes, please attach details of offence</i>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been investigated for offences under the <i>Food Act 2008</i> or its equivalent in other jurisdictions? <i>If yes, please provide the outcome of such investigations.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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Have you been denied approval to undertake the role of a food safety auditor or had any approval, auditing accreditation or registration suspended or cancelled by any licensing authority in Australia? If yes, please attach detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
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I consent to the CEO, Department of Health, to access such information and particulars as necessary from the above-mentioned jurisdiction/s in order to process my application for approval as a food safety auditor in Western Australia.	N/A (please circle if not applicable)
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Signature _____ Date _____

SECTION 9: PROFESSIONAL INDEMNITY INSURANCE

	Yes	No
Do you or your employer have Professional Indemnity/Public Liability Insurance that covers the scope of your work as an RFSA?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please provide a copy of the certificate of insurance detailing:

Name of Insurer: _____

Policy Number: _____

SECTION 10: APPROVAL (RENEWAL)- only complete this section if you are applying for approval to be renewed)

As part of the renewal process, auditors are required to provide a copy of five audit reports that have been submitted to local government (or if DOH please indicate which reports) in the previous 12 months for assessment by DOH, and a witness audit report. If you have not undertaken any audit functions in the previous 12 months, please provide information detailing how you maintained your standard of practice as an auditor with specific reference to maintaining your knowledge of the Act and audit management system and how you have maintained audit skills.

SECTION 11: APPLICATION FEES

Application fee	\$230.00 (GST included)	Must be paid with this application. This Fee is non-refundable.
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By Credit Card

Please charge my Mastercard Visa

Card No Card Expiry Date

Cardholder's Name (please print) _____

Cardholder's Signature _____ Amount Paid \$ _____

Or alternatively phone 9222 2000 for payment over the phone

SECTION 12: AUDITOR IDENTIFICATION REQUIREMENTS

Please sign your name within the confines of the box below using **BLACK INK** before returning it to the Department of Health.

Your signature will be scanned and will appear on your *Food Act 2008* certificate of authority as a food safety auditor.

Please print your name to be displayed on the certificate:

Please provide two colour passport photographs (ensure at least one photograph is verified with your name and signature on the back). Or a scanned high-resolution colour copy (min. 300dpi resolution).

SECTION 13: PROTECTING YOUR PRIVACY

Personal information collected and held by Department of Health may be used in order to provide approval and audit services, administer and manage administration systems, and inform you of our services and requirements. For more information on how we protect your privacy, please contact Department of Health.

SECTION 14: DECLARATION

I, (clearly print full name)

apply for approval as a *Food Act 2008* food safety auditor and:

- I enclose a signed copy (contained in the Code of Conduct section 12) of my declaration of understanding and compliance to the Code of Conduct
- I have read, understood and agree to comply with the provisions contained in Part 8 of the *Food Act 2008* and I must notify the DOH immediately of any changes to my personal details and circumstances that may affect my suitability to undertake the role of an RFSA.
- I understand that a 100 point identity check (*refer to WA Police website <https://www.police.wa.gov.au/Police-Direct/National-Police-Certificates/Proof-of-identity> for list of documents of identity and corresponding points allocated*) criminal record, qualifications and background check may be undertaken as part of the application process by the DOH;
- I have examined the Application Form and all supporting documents submitted by me. To the best of my knowledge this information is true, correct and complete;
- I understand that the application fee is non-refundable;
- I note that I will be subject to witness audit and check audits during the currency of my approval;
- I understand that the Department may require approved auditors to attend training sessions from time to time which will be at the auditor's own expense.

Signature:

Date:

APPLICATION FORM CHECKLIST

Please ensure your application contains the **following documentation** before submission to the Department of Health for processing.

For new applicants seeking approval:

- Section 4: Attach separate statements addressing Skills and Knowledge Selection Criteria that meet the requirements of the WA Food Regulation: Food Safety Auditing – Guideline for Regulatory Food Safety Auditors (on the Approval Process). Refer to Appendix 2 for further guidance regarding the selection criteria. Resumes/CVs are generally not acceptable.
- Section 5: Attach all evidence of qualifications/academic transcripts and evidence (where necessary) that qualification included 40 hours of microbiology.
- Section 6: Attach evidence (certified copies) of audit knowledge competencies.

All applications:

- Section 9 Provide copy of Professional Indemnity/Public Liability Insurance
- Section 11 Include payment of **\$230.00** non-refundable application fee
- Section 12 Include two colour passport photographs which at least one is verified with your name and signature on the back and ensure signature is in box. Or a scanned high-resolution colour copy (min. 300dpi resolution)
- Section 14: Sign declaration and separate signed declaration of understanding and compliance with the Code of Conduct.

If applicable:

- Section 3: Attach copy of certificate of approval as a food safety auditor in another jurisdiction.
- Section 7: Attach evidence (certified copies) of completion of appropriate competencies for auditing of high-risk activities and complex processes e.g. heat treatment processes.
- Section 8: Attach detailed explanation if answered 'yes' to any of the questions in this section.
- Section 10: Attach five audit reports (if already submitted to DOH as enforcing agency please indicate which reports) and a witness audit report (the scope of the witness audit report must correspond to the audit scopes applied for). Alternatively, if no audits have been completed in last 12 months evidence of how you maintained your standard of practice as an auditor with specific reference to maintaining your knowledge of the Act and audit management system and how you have maintained audit skills plus a witness audit report.

Please send all applications to:

Food Team
Environmental Health Directorate
Department of Health
PO Box 8172
Perth Business Centre WA 6849

Approved and signed

Dr Michael Lindsay
EXECUTIVE DIRECTOR
ENVIRONMENTAL HEALTH DIRECTOR
Public and Aboriginal Health Division
As the Delegate of the Chief Executive Officer