

APPLICATION FOR FOOD SAFETY PROGRAM ACCREDITATION

Isaac Regional Council is collecting the personal information on this form in accordance with the *Food Act 2006*. The personal information collected on this form will be used to record information for a Food Safety Programs. Any personal information collected will be accessed by persons who are authorised to do so. Your information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information is handled in accordance with the *Information Privacy Act 2009*.



APPLICATION DETAILS

Assessment of New Food Safety Program

Amendment to Existing Food Safety Program

Please Note, if this applicant is a company, insert company name and ACN/ABN.

Name

Business Name

ACN/ABN

Postal Address

Phone

Mobile

Email

SITE DETAILS

Provide the address where the activity will take place. A separate application is required for each lot on plan.

Street Address

Lot on Plan

FOOD SECTOR

Private hospital

Off-site catering

Aged care

Child care

Delivered meals organisation

Primary activity is on-site catering at the premises

Voluntary submission

Food manufacturer

Café or restaurant

Supermarket

Primary is on-site catering at part of the premises (serving 200 persons or on more than 12 or more occasions per year)

Other (specify)

LODGEMENT

Application form completed and signed

Food safety program

<input type="checkbox"/> Appropriate fees paid or enclosed (refer to the schedule of fees and charges available on www.isaac.qld.gov.au)			
<input type="checkbox"/> Supporting information attached (if applicable)			
WRITTEN ADVICE FROM A FOOD SAFETY AUDITOR ATTACHED (mandatory)			
<input type="checkbox"/> Yes – Isaac Regional Council requires the applicant to obtain written advice from an approved auditor as to whether this food safety program meets the criteria for food safety programs set out in section 104 of the <i>Food Act 2006</i> .			
Please Note , Council will not proceed with assessing this application if written advice is not attached. To find an approved food safety auditor visit Queensland Health’s website: http://www.health.qld.gov.au			
DECLARATION			
I enclose proof of payment of the prescribed annual fee (including mobile businesses) plus initial application assessment fee.			
I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1867</i> .			
I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the <i>Right to Information Act 2009</i> and the <i>Evidence Act 1977</i> .			
I understand that I may be liable for prosecution under the relevant Acts and Regulations if the information provided is known to me to be not true and correct at the time of supplying the information.			
Signature		Date	
Print Name			

Once completed please send form and any attachments either:
In person at your local Isaac Regional Council Office or
records@isaac.qld.gov.au or
ISAAC REGIONAL COUNCIL,
PO BOX 97, MORANBAH QLD 4744

DEPARTMENT USE ONLY				
Processed by	Signature		Date	
	Print Name			