



Food Act 2006  
**APPLICATION FORM**  
**Food Safety Program**  
**2012 / 2013**

**To:** Chief Executive Officer, Cairns Regional Council

**Application for:**

- |   |  |
|---|--|
| <p><b>Accreditation of Food Safety Program</b> <input type="checkbox"/><br/> <i>(complete sections 1, 2 &amp; 3)</i></p> <p><b>Amendment to Food Safety Program (Minor)</b> <input type="checkbox"/><br/>         e.g. business name change, change to contact details etc.<br/> <i>(complete sections 1, 2 &amp; 6)</i></p> <p><b>Amendment to Food Safety Program (Other)</b> <input type="checkbox"/><br/>         e.g. changes resulting from new, changed or modified food operations<br/>         and/or documentation<br/> <i>(complete sections 1, 2 &amp; 6)</i></p> | <p><b>Request for Non-conformance Audit</b> <input type="checkbox"/><br/> <i>(complete sections 1, 2 &amp; 4)</i></p> <p><b>Request for Audit by Council Auditor</b> <input type="checkbox"/><br/> <i>(complete sections 1, 2 &amp; 4)</i></p> |
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**Section 1 – Applicant’s Details** *(Please print)*

Applicant Name (Person/s or Company):	Date of Birth:
Director/s name <i>(if applicable)</i> :	Mobile:
ABN <i>(if applicable)</i> :	Telephone:
Email:	Facsimile:
Postal Address:	

**Section 2 – Food Business Details** *(Please print)*

Trading name: \_\_\_\_\_

Site address of food premises: \_\_\_\_\_

Food Licence Number: \_\_\_\_\_

Real property description: Lot no:	Registered plan no:
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Contact name for this application: \_\_\_\_\_

Telephone:	Mobile:
Facsimile:	Email:

**Section 3 - Food Business Activities** *(Please tick all relevant activities that require you to have an accredited Food Safety Program)*

- |  |  |
|--|--|
| <p><b>CATERING</b></p> <p>Off-site catering <input type="checkbox"/></p> <p>On-site catering <input type="checkbox"/></p> <p>On-site catering in part of the premises <input type="checkbox"/><br/> <i>(&gt;199 people, 12 times or more per year)</i></p> <p>Voluntary submission of Food Safety Program <input type="checkbox"/></p> | <p><b>VULNERABLE POPULATIONS</b></p> <p>Child Care facility <input type="checkbox"/></p> <p>Aged Care Facility <input type="checkbox"/></p> <p>Delivered meals to vulnerable persons <input type="checkbox"/></p> <p>Private Hospital <input type="checkbox"/></p> |
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**Section 4 – Request for Audit by Local Government Auditor**

I, \_\_\_\_\_ hereby request Cairns Regional Council to arrange an audit of my food business listed above by a second party Council auditor.

Audit due date: \_\_\_\_\_

**Section 5 – Advice from Approved Auditor** *(Optional with submission of Food Safety Program for accreditation or amendment)*

Applications for accreditation of food safety programs can be submitted with written advice from a Queensland Health approved auditor. This advice will assist Council in determining whether your program complies with the *Food Act 2006*. Such advice must be provided on the approved Queensland Health form and must state whether or not the auditor considers that -

- a) the program complies with Section 98 of the *Food Act 2006*; and
- b) implementation of the program is reasonably likely to effectively control the food safety hazards of the food business to which the program relates.

Advice from approved auditor attached?                      Yes     No

**Section 6 – Amendment Details** *(Please outline amendments to your Food Safety Program below and attach copies of changes)*

I consent to the making of enquiries and exchange of information with the authorities of any State Territory, commonwealth or foreign country in regards to any matters relevant to this application.                      Yes                      No

I declare that the information provided by me in this application is true and correct.                      Yes                      No

Signature of Applicant: .....                      Date: .....

**Fee Schedule**

ACCREDITATION OF FOOD SAFETY PROGRAM:	<b>\$ 394.00</b>
APPLICATION FOR ACCREDITATION OF FOOD SAFETY PROGRAM WITH EXTERNAL AUDITOR ADVICE:	<b>\$ 254.00</b>
REQUEST FOR 2 <sup>nd</sup> PARTY AUDIT:	<b>\$ 521.00</b>
AMENDMENT OF FOOD SAFETY PROGRAM: (No fee for minor amendments)	<b>\$ 169.00</b>
REQUEST FOR NON CONFORMANCE AUDIT:	<b>\$ 261.00</b>

OFFICE USE	Receipt Code:	Fee Paid	Date	Receipt Number	Health Number
	T163 (New Applicant) or T80 (Existing Account)	\$			

**Cairns Regional Council - Information Privacy Statement** Your personal information has been collected for the purpose of processing your application for food safety accreditation. The collection of this information is authorised under the *Food Act 2006*. You are providing personal information which will be used for the purpose of delivering services and carrying out council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.