



**FOOD SAFETY SUPERVISOR PROGRAM
NOTIFICATION FORM**

After appointing a Food Safety Supervisor (FSS), the proprietor (business owner) of a food business must notify the relevant enforcement agency of their FSS within 7 days.

The proprietor can meet this obligation by either filling in this notification form and submitting it to their local council, or by notifying online at the NSW Food Authority’s website www.foodauthority.nsw.gov.au.

If businesses choose to use this paper based form, they must fill in the relevant sections below and submit to North Sydney Council within 7 days.

Section 1 – Business Details

Proprietor’s name	Date
Proprietor’s telephone	Email (if any)
Business name	Trading as (if applicable)

Fill in the business address in Section 1a **OR** Section 1b, depending on which is most relevant

1a) Food premises address (for food premises except mobile catering)

Business address of food premises

Suburb:	State:	Post code:
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OR

1b) Proprietor’s business address (for mobile catering businesses only)

Proprietor’s business address

Suburb:	State:	Post code:
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PRIVACY STATEMENT

Personal details requested on this form will only be used for the purpose of processing your application. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. You may make application for access or amendment to information held by Council. Applications by members of the public to view Council’s records are subject to the provisions of Council’s Privacy Management Plan, *Section 18 Government Information (Public Access) Act 2009 & Schedule 1 - Government Information (Public Access) Regulation 2009.*

I have read and understand the Privacy Statement

Signed: Date:

Please note: The business must also be registered with NSW Food Authority. Register your details on www.foodnotifv.nsw.gov.au

Section 2 – Business authorisation

The proprietor of the food business should fill in the authorization below

Proprietor authorisation

If any business information supplied by me may be considered to be untrue or misleading in any respect, I understand that the North Sydney Council may take such action as it believes necessary, including the disclosure of the information to any person or body the Authority considers has a legitimate interest in receiving it, and I consent to such disclosure.

Proprietor’s name	Date
Signature	

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Section 3 – Food Safety Supervisor’s details

Tick appropriate box: New FSS Existing FSS (change of details)

FSS’ name

FSS’ telephone (during working hours)

Email (if any)

Food Safety Supervisor certificate details

RTO name

Certificate identification number

Date of issue

Section 4 – FSS authorisation

Fill in Section 4a **OR** Section 4b, whichever is applicable

4a) If an employee is the FSS:

FSS authorisation

I authorise my employer _____ (business name) to provide my personal information to the relevant enforcement agency for the purposes of s106E of the *Food Act 2003* (NSW).

This authorisation is limited to the provision of my name, contact details and Food Safety Supervisor certificate details (including identification number and date issued).

If any information supplied by me may be considered to be untrue or misleading in any respect, I understand that the North Sydney Council may take such action as it believes necessary, including the disclosure of the information to any person or body the Authority considers has a legitimate interest in receiving it, and I consent to such disclosure.

FSS’ name

Signature

Date

OR

4b) If the proprietor of the business is the FSS:

FSS authorisation

I acknowledge and understand that I am providing my personal information to the relevant enforcement agency for the purposes of s106E of the *Food Act 2003* (NSW). This authorisation is limited to the provision of my name, contact details and Food Safety Supervisor certificate details (including identification number and date issued).

If any information supplied by me may be considered to be untrue or misleading in any respect, I understand that the North Sydney Council may take such action as it believes necessary, including the disclosure of the information to any person or body the Authority considers has a legitimate interest in receiving it, and I consent to such disclosure.

FSS’ name

Signature

Date
