



Townsville City Council
Environmental Health Services

FOOD ACT 2006 >> **APPLICATION – FOOD SAFETY SUPERVISOR**

>> Please call Environmental Health Services on 1300 878 001 for further information

PRIVACY COLLECTION NOTICE:

You are providing 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.



Amendment to an existing nomination

EXISTING Food Safety Supervisor
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Last / Family Name:
<input type="text"/>
First / Given Name (s):
<input type="text"/>
NEW DETAILS
Please circle: Name / Contact Number / Email Address
<input type="text"/>

EXISTING Food Safety Supervisor
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Last / Family Name:
<input type="text"/>
First / Given Name (s):
<input type="text"/>
NEW DETAILS
Please circle: Name / Contact Number / Email Address
<input type="text"/>

Cancellation of a nomination

Cancellation Food Safety Supervisor:
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Last / Family Name:
<input type="text"/>
First / Given Name (s):
<input type="text"/>
Phone Number:
<input type="text"/>
Mobile Number:
<input type="text"/>
E-mail Address:
<input type="text"/>

Cancellation Food Safety Supervisor:
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Last / Family Name:
<input type="text"/>
First / Given Name (s):
<input type="text"/>
Phone Number:
<input type="text"/>
Mobile Number:
<input type="text"/>
E-mail Address:
<input type="text"/>

5. Applicant declaration and signature

I understand that the information provided in and accordance with this application may be disclosed publicly under the Freedom of Information Act 1992 and the Evidence Act 1977.

I am aware that it is an offence to knowingly provide false or misleading information.

If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.

Applicant:	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Last / Family Name:	First / Given Name (s):
<input type="text"/>	<input type="text"/>
Position (Proprietor, Director, Manager):	Signature:
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY			
Licence No.:		Date:	
DWX Web reference:		Assessment No.:	

