

Office:
Date:/...../.....
Time:
Name:

Food Safety Supervisor Nomination Form

Please attach a certificate of attainment of competencies for the food safety supervisor/s listed below.

BUSINESS DETAILS	
Food Business Name:	
Licence Number:	
Premises Address:	
Contact Number:	
FOOD SAFETY SUPERVISOR APPLICANT DETAILS	
Mr / Mrs / Ms / Miss (Please circle)	
Surname:	First Name:
Postal Address:	
Phone Number: (W)	(H)
Have you been nominated as a Food Safety Supervisor with Gladstone Regional Council previously? If so provide below information:	
Food licence number:	
Food business name:	
I/We being the licensee of the business described in this application hereby consent to the above mentioned applicant making this application.	
Signature:	Date:
Gladstone Regional Council is collecting your personal information in accordance with the <i>Food Act 2006</i> to process and record your Food Safety Supervisor Nomination. The information collected will be entered into Gladstone Regional Council's names and address database and may be used for any necessary Council business. The information will only be accessed by authorised Council employees. This information will not be given to any other person or agency unless you have given us permission or we are required by law.	
FORM RETURN	
You can return your form in the following ways:	
In person: You may pay in person at any of Council's Administration Centres. Cashier hours may vary at each office. General cashier hours are from 8.30am to 4.45pm Monday to Friday.	
Fax to: (07) 4975 8500 or,	
Mail Correspondence to: PO Box 29, Gladstone Qld 4680 or,	
Email to: info@gladstone.qld.gov.au	