



Automatic Mutual Recognition Notification

*Intention to work in Western Australia (WA) as a Regulatory Food Safety Auditor (RFSA)
under the Automatic Mutual Recognition Scheme*

| 1. Applicant contact information | | |
|---|------------|------------|
| First name: | Surname: | |
| Date of birth: | Telephone: | Mobile no: |
| Permanent residential address*: | | |
| Suburb: | Postcode: | |
| Place of Residence within WA (if applicable): | | |
| Suburb: | Postcode: | |
| Email Address: | | |

**Your principal place of residence in your home state or territory in which you reside either on a permanent basis or for an extended period of time*

| 2. Approval/Licence details | |
|--|-----|
| Scope of approval (competencies): | |
| Home jurisdiction (state/territory where issued): | |
| Expiry date: | |
| Copy of current Approval/Licence* (please attach): | Yes |

**Please note you will need to submit another notification if any of these details change*

| 3. Approval/Licence conditions | | |
|--|-----|----|
| 1. Have you made a notification previously? | Yes | No |
| 2. Does your approval/licence have any conditions imposed? <i>(if yes, please list the conditions and attach relevant documents):</i> | Yes | No |



3. Approval/Licence conditions (cont.)

3. Has your approval/licence been cancelled or suspended due to disciplinary action or are you the subject of any such action, or in any other way prohibited or restricted from practicing this occupation?

(if yes, please provide complete details and attach relevant documents):

Yes No

4. Have you sought or been approved, or deemed registered in another State or Territory through the Automatic Deemed Registration provisions of the Mutual Recognition Act?

(if yes, please provide details and attach relevant documents):

Yes No

4. Employment details

Complete where applicable *(if yes, please complete details*)*:

| | | |
|--|-----|----------------|
| 1. Self-employed | Yes | ABN/ACN: |
| | | Business name: |
| | | Address: |
| | | Contact no: |
| | | Email: |
| 2. Employed by a registered business outside of WA | Yes | ABN/ACN: |
| | | Business name: |
| | | Address: |
| | | Contact no: |
| | | Email: |
| 3. Employed by a registered business within WA | Yes | ABN/ACN: |
| | | Name: |
| | | Address: |
| | | Contact no: |
| | | Email: |

**Please attach a statement of service from your employer or an employment contract issued by the employer*



5. Professional indemnity insurance

Do you or your employer have Professional Indemnity/Public Liability Insurance that covers the scope of your work as an RFSA in WA?

(if yes, please provide details and attach a copy of the certificate of insurance):

Yes

No

Name of insurer:

Policy number:

6. Declaration and submit form

By submitting this form I declare that the information contained in this form is true and correct.

This form will need to be downloaded before it can be submitted via email by clicking on the submit button. Please ensure all parts of the form are complete and a copy of your licence and conditions, and any other relevant supporting information is attached to the email.

7. Enquiries and further information

Email: foodsafety@health.wa.gov.au

Website: [Food \(health.wa.gov.au\)](http://Food.health.wa.gov.au)

Phone: (08) 9222 2000