



## Application for Renewal of Approval Department of Agriculture, Fisheries and Forestry Approved Auditor

*Export Control (Eggs and Egg Products) Rules 2021*  
*Export Control (Fish and Fish Products) Rules 2021*  
*Export Control (Milk & Milk Products) Rules 2021*

Mark check boxes with a cross

Illegible / incomplete forms will be returned.

If the space provided is insufficient, please use an additional sheet to provide the necessary information for the relevant section(s) of the application form.

1. Personal Details	
Title	
Surname	
Given Name(s)	
Date of Birth (MM/DD/YYYY)	

2. ID Card Details	
ID Card No.	
Name on Card	

3. Contact Details			
Residential Address			
State		Post Code	
Postal Address (if same as residential address, write 'As Above')			
State		Post Code	
Phone Number			
Mobile Number			
Email Address			

**4 Publication of information**

I consent to my name, contact numbers, email address, commodity risk classification (audit scope) and region of operation approval being published by the Department of Agriculture, Fisheries and Forestry (the department) on the public Approved Auditor Register.  Yes  No

**5. Commodity Risk Classifications**

For further information relating to commodity risk refer to the Approved Auditor Manual. Specify the commodity and risk classification(s) that you are applying to audit:

Low-Risk – Stores (dry, cold, freezer) freight forwarders, packing live fish

Medium-Risk

Dairy

Fish

Eggs

High-Risk

Heat treatment

Cook/chill

Bivalve Molluscs (Fish only)

Ready to eat products (Eggs, Fish & Dairy only)

**6. Auditing / Commodity Experience**

List your auditing experience and any experience to support your knowledge of the commodities and processes applied for. Provide specific details of experience in each of the commodity risk classifications listed in section 6.

**7. Which State / Territory do you intend to service?**

Australian Capital Territory

South Australia

New South Wales

Tasmania

Northern Territory

Victoria

Queensland

Western Australia

8. Professional Indemnity Insurance	
Are you covered by Professional Indemnity Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much is your coverage for?	
Who is the insurance provider?	
Please provide certified copies of your insurance certificate.	

9. Unit of Competency (Qualifications)
Please specify the units of competency you have attained:
<b>Minimum requirements for all risk scopes</b>
<input type="checkbox"/> FBPAUD4001 - Assess compliance with food safety program
<input type="checkbox"/> FBPAUD4002 - Communicate and negotiate to conduct food safety audits
<input type="checkbox"/> FBPAUD4003 - Conduct food safety audits
<input type="checkbox"/> FBPAUD4004 - Identify, evaluate and control food safety
The Exemplar Global issued units of competency NFS 1-4 will be accepted as equivalent to the above where an auditor is applying for either low or medium risk.
<b>Requirements for medium and / or high-risk scope hazards</b>
<input type="checkbox"/> Certificate IV or higher in food science or related field including 40 hours microbiology
<b>Requirements for high-risk scopes*</b>
<input type="checkbox"/> FBPAUD5002 - Audit a cook chill process
<input type="checkbox"/> FBPAUD5003 - Audit a heat treatment process (retort & pasteurization)
<input type="checkbox"/> FBPAUD5004 - Audit manufacturing of ready-to-eat meat products
<input type="checkbox"/> FBPAUD5001 - Audit bivalve mollusc growing & harvesting processes
* These units of competency form the basis of issuing high-risk endorsements to auditors. If you have not completed the necessary unit of competency, you may still apply as a low or medium risk regulatory food safety auditor until such time as you achieve the competency.
Please attach certified copies of your statements of attainment / qualifications provided by a Registered Training Organisation.

**10. Disclosure of Conflict of Interest**

Please detail any potential or actual conflicts of interest, including services provided under contract or consultancy arrangements (e.g. internal audit/documenting Approved Arrangements) that may arise if you become an Approved Auditor for regulatory audits at export registered establishments. Also, disclose any current, previous, or offered management or control positions related to export registered establishment operations.

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**11. Pending Criminal Charges / Denial of Approval**

In the past 12 months:

- have you been convicted of any criminal offence in any state or federal court?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

- have you been denied approval to undertake the role of a food safety auditor, or had an auditing accreditation or registration suspended or cancelled by any licensing authority in Australia or New Zealand?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If the answer to either of the above questions is yes, please provide details on a separate sheet

12. Processing Fee (Non-refundable) as at 2024-25	
\$513.00 (GST nil)	Payment may be by cheque, money order or credit card. Payment must accompany application. Application will only be processed upon receipt of payment.

13. Payment			
I have attached a cheque or money order for \$513.00 payable to the department			<input type="checkbox"/>
I authorise the department to debit the processing fee of \$513.00 to my Credit Card			<input type="checkbox"/>
Card Type	Visa	<input type="checkbox"/>	
	American Express	<input type="checkbox"/>	
	MasterCard	<input type="checkbox"/>	
Card Number			
Cardholder's name			
Expiry Date		Payment Amount	\$
Cardholders Signature			

## 14. Applicant Declaration

I, (clearly print full name)

being the applicant, apply for approval as an Approved Auditor under division 3, Part 1 of Chapter 9 of the Export Control Act 2020 and confirm that:

- I am a citizen of Australia or New Zealand or have provided a copy of my passport and relevant visa which allows me to work in Australia.
- I understand that my name, contact details, auditing scope and approval details will be published by the department on a public register of approved auditors.
- I have read, understood, and will comply with all aspects of the Approved Auditor Code of Conduct when undertaking regulatory audits as an approved auditor.
- I will comply with any procedures and instructions issued by the department in relation to the conduct of regulatory audits.
- I have read and understood all information in the Approved Auditor manual and will, in conducting audits comply with that manual (as amended by the department from time to time), as it sets out the documented procedures for the conduct of audits by me.
- all information that I have given and the statements that I have made in, or in connection with, this application are true and correct. I understand giving false or misleading information to the Commonwealth is a serious offence.

Signature

Date

## 15. Protecting your privacy

'Personal information' means any information or opinion about an identified, or reasonably identifiable, individual.

The collection of personal information by the department in relation to this form is for the purposes of assessing your application for approval as an Approved Auditor. If the relevant personal information requested in this form is not provided by you, the department will be unable to assess your eligibility as an Approved Auditor.

Personal information may be disclosed to other Australian agencies, persons or organisations where necessary for these purposes, provided the disclosure is consistent with relevant laws, in particular the Privacy Act 1988. Your personal information will be used and stored in accordance with the Privacy Principles.

By completing and submitting this form you consent to the collection of all personal information, contained in this form.

The department's Privacy Policy, including information about access to and correction of your personal information, can be found at:

<https://www.awe.gov.au/about/commitment/privacy>

To contact the department about your personal information or to make a complaint:

<b>Telephone</b>	+61 2 6272 3933
<b>Email</b>	<a href="mailto:privacy@aff.gov.au">privacy@aff.gov.au</a>
<b>Post</b>	Privacy Contact Officer Department of Agriculture, Fisheries and Forestry GPO Box 858 Canberra ACT 2601

**16. Check your application**

Please check that you have completed all required sections of this form and attached certified copies of required documents.

**Please do not provide original copies of any documents. All photocopies of documents supplied with this application must be certified copies**

- Consented to the publication of my details on the Approved Auditor Register (**section 4**)
- Evidence of relevant experience, knowledge and qualifications provided (**sections 6 and 9**)
- Certified copy of professional indemnity certificate of insurance (**section 8**)
- Disclosure of conflict of interest (**section 10**)
- Provided details of pending criminal charges or denied applications for approval (**section 11**)
- Signed and dated the Applicant Declaration (**section 14**)
- All required sections completed

**Completed application form to be sent to:**

Dairy, Eggs and Fish Export Program  
Department of Agriculture, Fisheries and Forestry  
PO Box 858  
CANBERRA CITY ACT 2601  
or by e-mail to: [dairyeggsfish@aff.gov.au](mailto:dairyeggsfish@aff.gov.au)