

Application for FOODSAFE Instructor Certificate

Health Authority or
FOODSAFE Council
logo



APPLICATION FOR FOODSAFE INSTRUCTOR CERTIFICATE

The personal information collected relates directly to and is necessary for program operations. The information will be handled in accordance with the *Freedom of Information and Protection of Privacy Act*.

APPLICANT INFORMATION

I am applying to teach

Level 1

Level 2

NAME (last name, first name, middle name)

TELEPHONE

EMAIL

FAX

STREET

CITY & PROVINCE

POSTAL CODE

BIRTH DATE (yyyy/mm/dd)

PERSONAL HEALTH NUMBER

EMPLOYER INFORMATION (If self-employed, give company name and details)

EMPLOYER

OFFICE TELEPHONE

STREET

CITY & PROVINCE

POSTAL CODE

PROFESSIONAL BACKGROUND (Attach resume and other supporting documentation)

TRAINING IN TEACHING/INSTRUCTION

DATE

EXPERIENCE IN TEACHING/INSTRUCTION

DATE

TRAINING IN FOOD HANDLING/FOOD SAFETY

DATE

Continued →

PROFESSIONAL BACKGROUND (Continued)

FOODSAFE CERTIFICATES (Attach copies)

LEVEL 1 CERTIFICATE DATE ISSUED (yyyy/mm/dd)	MARK %	LEVEL 2 CERTIFICATE DATE ISSUED (yyyy/mm/dd)	MARK %
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ISSUING AGENCY	ISSUING AGENCY
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EXPERIENCE IN FOOD HANDLING	DATE
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EDUCATIONAL BACKGROUND IN MICROBIOLOGY AND/OR HACCP	DATE
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OTHER RELEVANT TRAINING AND EXPERIENCE	DATE
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I AM ABLE TO TEACH FOODSAFE IN THE FOLLOWING LANGUAGES (Check maximum of 4)

- English French Punjabi Cantonese Mandarin Vietnamese
 Other (List)

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE DATE

SIGNATURE

FOR OFFICE USE ONLY	APPROVAL TO TEACH	EXPIRY DATE (yyyy/mm/dd)
	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2	DATE SIGNED
APPROVING HEALTH AUTHORITY	SIGNATURE	

Submit your completed application form and accompanying documents to the Food Safety Contact in your Health Authority or Health Service Delivery Area.

A list of contacts is included in the FOODSAFE Implementation Manual on page 7 or at <http://www.foodsafe.ca/FSCourses.htm#Contacts>.