

# Application for FOODSAFE Instructor Certificate



## 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

EXPERIENCE IN FOOD HANDLING

DATE

EDUCATIONAL BACKGROUND IN MICROBIOLOGY AND/OR HACCP

DATE

OTHER RELEVANT TRAINING AND EXPERIENCE

DATE

**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)

Level 1       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 available at [http://foodsafety.ca/ha\\_food\\_safety](http://foodsafety.ca/ha_food_safety)