

# APPLICATION FOR MARKETSAFE INSTRUCTOR CERTIFICATE

Fraser Health     Interior Health     Northern Health     Vancouver Coastal Health     Vancouver Island Health

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

NAME (last name, first name, middle name)

TELEPHONE

EMAIL

FAX

STREET

CITY & PROVINCE

POSTAL CODE

BIRTH DATE (yyyy/mm/dd)

## 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 AND EXPERIENCE IN TEACHING/INSTRUCTION

BACKGROUND AND EXPERIENCE WITH THE SALE OF FOODS AT TEMPORARY MARKETS

Continued →

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**PROFESSIONAL BACKGROUND** (Continued)  
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**EDUCATIONAL BACKGROUND IN FOOD MICROBIOLOGY AND/OR HACCP**  
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**MARKETSAFE CERTIFICATE** (Attach copy)  
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MARKETSAFE                      MARK %  
CERTIFICATE DATE  
ISSUED (yyyy/mm/dd)

ISSUING HEALTH AUTHORITY

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**OTHER RELEVANT TRAINING AND EXPERIENCE**  
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.....  
**I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE**

DATE

SIGNATURE

**FOR OFFICE USE ONLY**

APPROVAL TO TEACH

EXPIRY DATE (yyyy/mm/dd)

Yes       No

DATE SIGNED

APPROVING HEALTH AUTHORITY

SIGNATURE

Fraser Health       Vancouver Coastal Health

Interior Health       Vancouver Island Health

Northern Health

Submit your completed application form and accompanying documents to the Food Safety Contact in your Health Authority or Health Service Delivery Area.  
Food Safety Contact information is available on the FOODSAFE website at: [http://www.foodsafe.ca/ha\\_food\\_safety](http://www.foodsafe.ca/ha_food_safety)