

WORKFORCE COUNCIL - FOOD SAFETY SUPERVISOR CLAIM FORM

Name of Claimant: _____

Postal Address: _____

Organisation : _____

(if applicable)

Phone: () _____ Fax: () _____

Region: _____

Are you required by the changes to the Food Act 2006 to have a food safety supervisor?

Yes No

Date & Location Food Safety Supervisor Training:

Name of the registered training organisation delivering the training:

Course Fee \$ _____

Total Claim: \$ _____

tax invoice required
(the maximum amount to be claimed is \$200 per participant)

Are you a stand alone service? Yes No

If No, What is the name of your regionally managed area?

Cheque made payable to or
account name for direct deposit :

Bank Details: BSB# - _____ Account Number: _____

ABN: _____ (If no ABN and the amount is > \$75 (exc. GST), please fill out and submit a Statement by Supplier form.)

Signature: _____ Date: _____

Please return this form along with the below required documentation to:

PSCQ – Health and Community Services Workforce
Council

Ground Floor, 303 Adelaide Street, Brisbane Q 4000

Documentation Required:

- Completed and signed claim form;
- Tax Receipts for Expenses claimed;
- Tax Invoice from your Organisation (with ABN) OR **Signed** Statement by Supplier form if claim more than \$75.
- Copy of food safety supervisor competencies statement of attainment;
- Copy of your food business license.

Please note – this is a membership service only: you MUST be a member of PSCQ to access this subsidy!!

office Use only: Claimee	<input type="checkbox"/> member	<input type="checkbox"/> participant
Account: _____	<input type="checkbox"/> use generated income	
Region: _____		
Activity code: _____	member Loc	

