

APPLICATION

Register of Professional Food Auditors and Mentors (RPFAM)

Before completing this form please study our guidance notes. If you have any questions please contact: JoinUs@ifst.org or +44 (0) 20 7603 6316.

Your personal details

Title (Dr/Mr/Mrs/Miss/Ms)

First Name

Surname

Date of birth (DD/MM/YY)

Name as you would like it to appear on certificate

Home address

Postcode

Country

Tel

Mobile

Email

Business address

Postcode

Country

Tel

Mobile

Email

Please send correspondence to my:

Home address Business address

Please list the following address on IFST's register:

Home address Business address

Type of registration

Please indicate type of registration you are applying for:

Auditor Mentor

Fields of Registration

Please check boxes below to indicate fields of registration that can be supported by your experience (**note** your work experience in the application must include evidence to support all the fields checked)

1 Primary Agriculture - growing and harvesting

- 1.1 Animal production
- 1.2 Fish production and finishing
- 1.3 Grain crops
- 1.4 Vegetables
- 1.5 Fruit

2 Food Processing and Packing*

2.1 Raw meat and fish

- 2.1.1 Red meat, slaughter and cutting
- 2.1.2 Poultry meat, slaughter and cutting
- 2.1.3 Fish, chilled and frozen
- 2.1.4 Raw meat products and preparations
- 2.1.5 Raw fish products and preparations

2.2 Produce (fruit and vegetables)

- 2.2.1 Fresh and frozen

2.3 Dairy

- 2.3.1 Chilled and frozen
- 2.3.4 Egg

2.4 Ready to eat or heat (chilled + frozen), including cooked meat/cooked fish products

2.5 Ambient stable, heat preserved, hermetically sealed packs

2.6 Ambient stable foods (other)

- 2.6.1.1 Beverages - Beer and Cider
- 2.6.1.2 Beverages - Wine and spirits
- 2.6.1.3 Beverages - Non-alcoholic
- 2.6.2 Bakery products - ambient
- 2.6.3 Dried foods
- 2.6.4 Confectionery
- 2.6.5 Snacks and breakfast cereals
- 2.6.6 Oils and fats
- 2.6.5 Food ingredients

*Based on the BRC Food Technical Standard Fields of Evaluation



RPFAM registration continued

Education

| Course/subjects | Educational establishments | Award | Year |
|-----------------|----------------------------|-------|------|
| | | | |

Membership of professional bodies

| Professional body | Date elected | Membership Grade (e.g. Member,Fellow) |
|-------------------|--------------|--|
| | | |

Auditor training (auditor applicants only)

| Title of course or training programme | Training Provider | Dates attended | Results | Course certified by (e.g. IRCA) |
|---------------------------------------|-------------------|----------------|---------|------------------------------------|
| | | | | |

RPFAM registration continued

Work experience

| Dates (MM/YY) | | Organisation name, address department and job title | Work experience | Field of registration related experience (Show experience for all checked fields on Page 1) |
|---------------|----|--|-----------------|---|
| From | To | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

RPFAM registration continued

ANNUAL FEES FOR REGISTRATION

For the latest subscription prices, please click here or visit <http://www.ifst.org/membership-and-joining/membership-subscription-rates>

Please enter the appropriate fee you are making with this application: £

PAYMENT METHOD

By cheque: Please make your cheque payable to *Institute of Food Science & Technology*

By credit/debit card:

If you prefer to pay by either credit or debit card please check box If sending your application by email please **do not** email credit/debit card details as this is not a secure method of payment. We will contact you for credit card payment details.

Card Number (Visa, Mastercard, Switch, Solo only):

Expiry Date:

Issue Number (if applicable):

Security Code:

Cardholder's signature:

By Direct Debit: (Check box) I already have a Direct Debit arrangement with IFST please debit the above amount from my account.

Subject interest areas

Please check any of the following to register your interest in IFST's activities:

- | | |
|--|---|
| <input type="checkbox"/> Agri-food | <input type="checkbox"/> Consultancy |
| <input type="checkbox"/> Food Engineering | <input type="checkbox"/> Nutrition & Health |
| <input type="checkbox"/> Food Law | <input type="checkbox"/> Manufacture |
| <input type="checkbox"/> New/Emerging Tech | <input type="checkbox"/> Sensory |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Sustainability |

Declaration

I wish to apply for registration on the Register of Professional Food Auditors and Mentors including membership of the Institute and declare that:

- + The information given in this application is, to the best of my knowledge, accurate and true
- + I agree to notify IFST, without delay, any information or change in my circumstances that may affect adversely my ability to perform effectively my auditing or mentoring obligations or my standing on this register
- + I have read IFST's Members' Privacy Notice relating to the use of personal data and understand that my name and contact details will be published on this register
- + I have read, understood and will follow the IFST Code of Professional Conduct
- + I am committed to maintaining and enhancing my professional competence

Signature

Date

Please retain a copy of your application and return all your completed forms and accompanying documents to:

Email: JoinUs@ifst.org

Mail: Membership Team
Institute of Food Science & Technology
5 Cambridge Court
210 Shepherds Bush Road
London W6 7NJ

