

# APPLICATION

## Register of Food Safety Professionals - Manager (RFoodSM)

Use this form when looking to apply for professional registration as a Registered Food Safety Manager (RFoodSM). If you are not currently a member of the Institute you will also need to complete our General Application Form (GA1). Before completing your application please study the guidelines for applicants on our website. If you have any questions please contact the membership team: [JoinUs@ifst.org](mailto:JoinUs@ifst.org) or +44 (0) 20 7603 6316.

### YOUR PERSONAL DETAILS

Name

Date of birth

Email

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### = GH MEMBERSHIP

Please check box below as appropriate:

- I am currently a member of IFST
- I am currently not a member of IFST and I'm joining now as part of my registration

### REFERENCES

Your application should normally be supported by two references from a recent employer or from senior professionals in your field of work. A copy of your application forms will be sent to your referees.

#### REFEREE 1

Title  Surname

First name

Job title

Email

#### REFEREE 2

Title  Surname

First name

Job title

Email

### QUALIFICATIONS AND EXPERIENCE

You must provide proof of qualifications. Send either a **copy** of your degree certificate(s) or send a letter from the awarding body. Please do not send original certificates.

### RFoodSM1

### ANNUAL FEES FOR REGISTRATION

Click for current subscription rates.

### 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:

### DECLARATION

I wish to apply for registration as indicated above and declare that:

- + The information given in this application is, to the best of my knowledge, accurate and true
- + I have read, understood and will follow the IFST Code of Professional Conduct
- + I am committed to maintaining and enhancing my professional competence
- + I have read IFST's Members' Privacy Notice relating to the use of personal data
- + I have read the Privacy Notice relating to the use of personal data in connection with inclusion of my details on the Science Council professional registers (applies to applicants for CSci only)

Signature

Date

#### Please return your completed form to:

**Email:** [JoinUs@ifst.org](mailto:JoinUs@ifst.org)

**Mail:** Membership Team

Institute of Food Science & Technology  
5 Cambridge Court, 210 Shepherds Bush Road  
London W6 7NJ,  
United Kingdom



# Register of Food Safety Professionals - Supplementary short CV

Please only complete this supplemental short CV if you are not including a copy of your CV (with an equivalent level of detail) with your application.

## QUALIFICATIONS

You must provide proof of qualifications. Send either a **copy** of your degree certificate(s) or send a letter from the awarding body. Please do not send original certificates. If any of your qualifications are from outside the UK please attach a NARIC printout.

Name of qualification <i>eg BSc Food Science</i>	Principal subjects studied	Class of award of award	Date	Awarding body

## PROFESSIONAL EXPERIENCE

List your professional experience in reverse date order starting with your present post.

Name of employer and nature of business	Position Held	Scope and content of work	Start date	End date

