**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 7348 1904. Please return all your completed forms and accompanying documents to: Email: [JoinUs@ifst.org](mailto:JoinUs@ifst.org)

**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** |  |
| **Business address** |  |
| **Postcode** |  |
| **Country** |  |
| **Tel** |  |
| **Mobile** |  |
| **Email** |  |

**Type of registration**

Please indicate type of registration you are applying for (select all that apply):

Auditor

Mentor

**Fees For Registration**

For the latest subscription prices, please visit <http://www.ifst.org/membership-and-joining/membership-subscription-rates> Current RPFAM registration rate is £101, and renewal is £68.

**Payment Method**

* By post: Make your cheques payable to Institute of Food Science & Technology
* Direct payment (Please reference Invoice No.):
  + Account Name: Institute of Food Science & Technology
  + Bank account number: 00030431
  + Bank Sort code: 40-52-40
  + IBAN: GB19 CAFB 4052 4000 030431
  + BIC/SWIFT: CAFBGB21XXX
* Credit/debit card payments: please telephone +44 (0) 20 7348 1902

Please note that should additional fields of operation be required, there is no charge if applied for at the time of renewal. Outside of the renewal time, a fee of £97 is charged.

**Fields of Registration**

Please check boxes below to indicate fields of registration that can be supported by your experience. Please noteyour 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

2.3.2 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

2.6.7 Food ingredients

\*Based on the BRC Food Technical Standard Fields of Evaluation

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course/subjects** | **Educational establishments** | **Award** | **Year** |
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**Membership of professional bodies**

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| --- | --- | --- |
| **Professional body** | **Date elected** | **Membership Grade**  **(e.g. Member, Fellow)** |
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**Auditor training (auditor applicants only)**

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

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| --- | --- | --- | --- |
| **Dates** | **Organisation name, address, department and job title** | **Work experience** | **Field of registration related experience**  (Show experience for all checked fields on page 2, add more lines as needed) |
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**Declaration**

I wish to apply for registration on the Register of Professional Food Auditors and Mentors 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**