**Extension to Scope**

**Register of Professional Food Auditors and Mentors (RPFAM)**

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 by email to: JoinUs@ifst.org

**Your personal details**

|  |  |
| --- | --- |
| **Title (Dr/Mr/Mrs/Miss/Ms)** |  |
| **First Name**  |  |
| **Surname** |  |
| **Date of birth (DD/MM/YY)** |  |
| **Mobile** |  |
| **Email** |  |

**Fees for Extension of Scope**

[ ]  Application for extension at the time of renewal – no additional charge. Please note you must pay the RPFAM renewal fee.

[ ]  Application for extension at any other time - £102

**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

**Fields of Registration**

Please tick the boxes for any fields you would like added to your scope, and provide details to show the assessors that you have experience in that area. Experience can include working in the area e.g. as a technical manager, shadowing of audits, acting as a consultant or adviser, or having completed HACCP specific courses or other qualifications. When completing the form, you should provide the following information in this section:

* The scope number you are applying for and the company name e.g. Scope: 2.3.2 Egg, Company name: Fresh Eggs Ltd
* The products and processes you have gained experience with in relation to the scope, and the areas of the operation you were working in e.g. QA, raw materials, development, technical, production etc.
* Provide details on your role and what you did in practice e.g. HACCP trainer, Auditor
* If working as a consultant, provide details of your role e.g. were you involved in all aspects of that particular scope/field or just part of it etc
* Provide specific time scales for the work experience.

**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

**Work experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Organisation name, address, department and job title** | **Work experience** | **Field of registration related experience**(Show experience for all checked fields on p. 1 & 2, add more lines as needed) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Declaration**

I wish to extend my scope 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**