**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: membership@ifst.org or +44 (0) 20 7348 1904. Please return all your completed forms and accompanying documents to us by email: membership@ifst.org

Please note that postal applications will not be accepted.

**Your personal details**

|  |  |
| --- | --- |
| **Title (Dr/Mr/Mrs/Miss/Ms)** |  |
| **First Name**  |  |
| **Surname** |  |
| **Date of birth (DD/MM/YY)** |  |
| **Home address** |  |
| **Postcode** |  |
| **Country** |  |
| **Tel** |  |
| **Mobile** |  |
| **Business address (if different)** |  |
| **Postcode** |  |
| **Country** |  |
| **Tel** |  |
| **Mobile** |  |
| **Email** |  |

**Type of registration**

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

[ ]  Auditor

[ ]  Mentor

**Application fee**

For the latest subscription prices, please visit <http://www.ifst.org/membership-and-joining/membership-subscription-rates> Current fees are: initial application £106, annual renewal £75.

**Payment Method**

* By post: Make your cheques payable to Institute of Food Science & Technology
* Direct payment (Please include your name and ‘RPFAM application’ in the payment reference):
	+ 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 – [pay on the IFST website](https://www.ifst.org/civicrm/contribute/transact?reset=1&id=46)

Please note that should additional fields of registration be required, there is no charge if applied for at the time of renewal. Outside of the renewal time, a fee of £106 is charged.

A guidance form for applying for RPFAM is available on the IFST website: <https://www.ifst.org/membership/professional-recognition/register-professional-food-auditors-and-mentors> and we recommend that you read this before starting your application.

**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)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Fields of Registration**

Please tick the boxes for any fields you would like added to your scope. In the work experience section below, please provide details to demonstrate your competence 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 fishing

[ ]  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 Produce: fresh and frozen

2.3 Dairy

[ ]  2.3.1 Dairy: chilled and frozen

[ ]  2.3.2 Egg

[ ]  2.4 Ready to eat or heat (chilled and 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**(Please note the field of registration number, and show experience for all checked fields on page 2, add more lines as needed) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Referee contact details**

|  |  |
| --- | --- |
| Referee name |  |
| Referee email address |  |

**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 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**