

HAIRDRESSER NEW LICENCE APPLICATION

PURPOSE

This form is to be used to apply for a licence under the *Public Health Act 1997* (the Act).
You can access the Act and its regulation at www.legislation.act.gov.au.

PRIVACY

The collection of personal information is required by this form for the purposes of issuing a licence under the Act. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

Website:

www.health.act.gov.au/hps

General Enquires:

(02) 6205 1700

Email Address:

hps@act.gov.au

Fax Number:

(02) 6205 1705

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

The Licence is issued to the owner of the business, who is the person(s) who will have the overall responsibility for the business, including responsibility for any contraventions of the Act.

Accordingly:

- (1) Trusts will not be registered. Companies operating as trustees for a trust will be registered, in the Company name only.
- (2) Applications listing a partnership as the owner will not be accepted. If your business is operated by a partnership, one or more of the individuals in the partnership will need to be listed.
- (3) Parts B and C of this application form must be separately completed for each individual listed as an owner. Extra copies of Parts B and C are available at www.health.act.gov.au/hps or by contacting the HPS.

- A floor plan showing the layout of all fixtures and fittings of the premises must accompany this application.
- Complete this form using a black or blue pen and return with the **fee of \$160**.

Information on Fee Exempt categories is provided on page 8 (evidence of eligibility for fee exemption must be supplied)

Is the licence to be issued to a Corporation (a Company, Incorporated Association, Government agency or a Registered Charitable Organisation)?

YES **Complete PART A, C and D** of this application. NB: Trusts or Partnerships will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.

NO **Complete PART B, C and D** of this application. Separate details must be completed for each individual listed as an owner.

Confirmation of identity will need to be produced either:

1. In person at the Health Protection Service office; or
2. By submitting certified copies via post/email/fax to the HPS office.

TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

COMPLETED FORMS TO BE RETURNED

In Person:

Health Protection Service
Howard Florey Centenary House
25 Mulley Street
HOLDER ACT 2611

By Post:

Health Protection Service
Locked Bag 5005
WESTON CREEK ACT 2611

By Fax:

(02) 6205 1705

By Email:

hps@act.gov.au

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PART A – OWNERSHIP DETAILS FOR A COMPANY (Do NOT complete if you are applying as an individual)

COMPANY NAME – A copy of the company's current extract (*issued within the previous 30 days*) from the Australian Securities and Investment Commission (ASIC) must be attached

AUSTRALIAN COMPANY NUMBER (A.C.N.) - Leave blank if an Incorporated Association, Government agency or a Registered Charitable Organisation

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REGISTERED COMPANY ADDRESS (*Property Name, Unit, Flat Number, Street Number, Street Name*)

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CITY / SUBURB / TOWN

STATE / TERRITORY

POSTCODE

--	--	--

POSTAL ADDRESS (*If different to above company address*)

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CITY / SUBURB / TOWN

STATE / TERRITORY

POSTCODE

--	--	--

HOME TELEPHONE NUMBER

MOBILE NUMBER

()	
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WORK TELEPHONE NUMBER

EMAIL ADDRESS

()	
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COMPANY DECLARATION

I, _____, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.

Signature of authorised agent: _____

Position Title: _____

Date: / /

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PART B – OWNERSHIP DETAILS FOR AN INDIVIDUAL (Do NOT complete if you are applying as a company)

TITLE (Mr, Ms)	GIVEN NAME	FAMILY NAME	
PROPRIETOR RESIDENTIAL ADDRESS (Property Name, Unit, Flat Number, Street Number, Street Name)			
CITY / SUBURB / TOWN		STATE / TERRITORY	POSTCODE
POSTAL ADDRESS (If different to above address)			
CITY/ SUBURB/ TOWN		STATE / TERRITORY	POSTCODE
HOME TELEPHONE NUMBER		MOBILE TELEPHONE NUMBER	
()			
WORK TELEPHONE NUMBER		EMAIL ADDRESS	
()			
AUSTRALIAN BUSINESS NUMBER (A.B.N.) (If applicable)			

DECLARATION SIGNATURE

I, _____, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.

Signature: _____

Date: / /

Note for Multiple Owners: (for example partnerships) Copies of Part B are available at www.health.act.gov.au/hps or by contacting the HPS.

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PART C – PROOF OF IDENTIFICATION (Must be completed for company (by the registered agent) and individual applicants)

One form of current photographic identification sighted and certified by an authorised witness must be provided for each signatory in Parts A or B.

A list of authorised witnesses for true and correct copy can be found at:
<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>

The witness should include the following text on a certified copy:

EXAMPLE

CERTIFIED TRUE COPY OF THE ORIGINAL

I certify that this is a true and accurate copy of the original document sighted by me.

Full Name: Signed: Dated: Authority to sign: Phone:

ACCEPTABLE FORMS OF PHOTOGRAPHIC IDENTIFICATION – Examples below

- Driver's licence
- Proof of age or identity card issued by a State/Territory
- Passport

FORMS OF IDENTIFICATION PROVIDED

Type	Number	Expiry Date	Certified Copy Attached
			<input type="checkbox"/>
			<input type="checkbox"/>

Note for Multiple Owners: (for example partnerships) Copies of Part C are available at www.health.act.gov.au/hps or by contacting the HPS.

PART D - PARTICULARS OF BUSINESS (Must be completed)**TRADING NAME****PHYSICAL ADDRESS OF BUSINESS**

SHOP NUMBER:

PROPERTY NAME:

STREET ADDRESS:

SUBURB:

STATE:

POSTCODE:

BUSINESS TYPE (Please ✓ one box only) Hairdresser Premises Mobile Hairdresser ServiceWas the premises previously used as a hairdressing business? Yes NoIf Yes please provide the previous trading name: _____**PLAN SUBMISSION (please tick below the one that applies)***Please attach plans to application. Plans can also be submitted to hps@act.gov.au . (maximum A3 size).* Detailed copies of plans for the new business are attached. Plans of the new premises were previously submitted for assessment on ____ / ____ / ____**BUSINESS ONSITE CONTACT PERSON**

GIVEN NAME:

FAMILY NAME:

BUSINESS PHONE:

MOBILE PHONE:

AFTER HOURS PHONE:

FAX:

EMAIL ADDRESS:

LIKELY HOURS OF TRADE: Days/Open/Close Times:

BUSINESS CORRESPONDENCE POSTAL ADDRESS:

STREET NUMBER/PO BOX:

STREET NAME:

SUBURB:

STATE:

POSTCODE:

DECLARATION

I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this licence application.

I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: _____

PAYMENT

How to Pay



Fax: 6205 1705
MasterCard / Visa accepted
(Not accepted where plans are involved)



By Mail: Health Protection Service
Locked Bag 5005 Weston Creek ACT 2611.



In Person: Health Protection Service
25 Mulley Street Holder ACT 2611

Please Note:

1. All paperwork must be completed and signed.
2. Where plans are involved, the originals must be received prior to the granting of your licence/registration certificate.
3. Applications sent by fax should **NOT** also be mailed.

Payment Method

Please Tick (✓)

Cash Cheque Credit Card

Note: Cheque should be made payable to the Health Protection Service.

Contact Person: _____

Type of Credit Card - Please Tick (✓) Visa Master Card

Credit Card No

Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Fee \$160

GST is not applicable under section 81-5 of the A New Tax System (Goods and Services Tax) Act 1999.

I agree that the Health Protection Service debit my account the above fee.

Card Holders' Name: _____

Card Holder's Signature: _____ Date: _____ / _____ / _____

Daytime Phone No: _____

OFFICE USE ONLY		
BSS ASSESSMENT		
Proof of Identification: Acceptable form of ID received (refer to Part C) Yes: <input type="checkbox"/> No: <input type="checkbox"/> <i>(if No, paper work should be returned to applicant)</i> Scanned into Health Manager: Yes: <input type="checkbox"/>		
Forms: Application checked for completion before issued to PHO? Yes: <input type="checkbox"/> Not complete: <input type="checkbox"/> <i>(if Not complete, paper work should be returned to applicant)</i> Fee Exemption proof provided Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A <input type="checkbox"/> <i>(if No, paper work should be returned to applicant)</i> ASIC Extract provided Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A <input type="checkbox"/> <i>(if No, paper work should be returned to applicant)</i> BSS Officer: _____ Date: / /		
PHO ASSESSMENT		
PLANS ATTACHED Yes: <input type="checkbox"/> No: <input type="checkbox"/> PLANS SUBMITTED PREVIOUSLY Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date / / <i>(If No check records for previously submitted plans. If No plans on record advise applicant using standard letter)</i> Proof of identification acceptable: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, contact applicant)</i> APPLICATION APPROVED No <input type="checkbox"/> <i>(refer to Manager)</i> Yes without special conditions <input type="checkbox"/> <i>(sign & date then refer to BSS, consideration by manager not required)</i> Yes with special conditions <input type="checkbox"/> <i>(list special conditions below and refer to manager)</i>		
PHO Name: _____	Signature: _____	Date: _____
MANAGER ASSESSMENT:		
Application Approved Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If No , applicant advised in writing Yes: <input type="checkbox"/> Date: _____	
Manager's Name: _____	Manager's Signature: _____	Date: _____
Special conditions No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(If Yes, and space provided not sufficient, include a file note with special conditions).</i>		
Date Returned to Business Support Services: / /		
BSS USE		
Licence Issued <input type="checkbox"/> Date: / /	File Closed <input type="checkbox"/> Date: / /	
Name of BSS Officer: _____	Signature: _____	Date: / /

Fee-exempt food businesses

A fee is not payable by a food business that supplies food in the course of providing services to people:

- i. *in a correctional centre under the Corrections Management Act 2007;*
- ii. *in a detention place or therapeutic protection place under the Children and Young People Act 2008;*
- iii. *at a hospice, hospital, nursing home or other health facility operated by or on behalf of the Territory;*
- iv. *in a health care facility licensed under the Public Health Act 1997;*
- v. *at a pre-school, primary school, high school or secondary college (“**educational place**”) from a canteen operated either by the educational place or by the parents and citizens association of the educational place;*
- vi. *in a childcare centre licensed as a childcare service under the Children and Young People Act 2008;*
- vii. *by a charitable organisation that is a charity endorsed under subdivision 50-B of the Income Tax Assessment Act 1997 (Cwlth);*
- viii. *by a crisis accommodation provider declared under the Residential Tenancies Act 1997; or*
- ix. *by a community organisation, as defined in this section, that is not a charity under subdivision 50-B of the Income Tax Assessment Act 1997 (Cwlth).*

A fee is also not payable by a registered training organisation whose purpose is the provision or offering of courses that involve the handling of food intended for sale or the sale of food (eg. a hospitality school).

A **community organisation** for this section means a society, association or other body, whether incorporated or not under the *Associations Incorporations Act 1991*, that is not carried on for the pecuniary profit or gain of its members and that is engaged in the ACT in any of the following activities:

- (a) *providing assistance in connection with the social welfare needs of the community;*
- (b) *the carrying out of projects, or the provision of services, for the benefit of the community or a section of the community;*
- (c) *the promotion of, the provision of facilities for, or the encouragement of participation in, any sport, recreational pursuit or hobby;*
- (d) *the promotion, or the encouragement of the practice, appreciation, understanding or enjoyment, of any of the arts;*
- (e) *conducting conventions, jamborees and other events that are designed to attract participants to the ACT from places outside the ACT;*
- (f) *the study of, research into, or the fostering of interest in, history or matters of historic significance; or*
- (g) *the preservation or protection of the national estate or the restoration, reconstruction or adaptation of the national estate for conservation purposes.*

Public Health Act

Hairdressers / Boarding House – Nil fee applies to:

Occupier of the licensed premises to which the application relates who is a charity

Cooling Tower or Warm Water System – Nil fee applies to:

Owner or manager of the cooling tower or warm water storage system to which the registration relates that is a charity

Infection Control – Nil fee applies to:

Owner of the licensed premises to which the application relates and is a medical practitioner who:

- (i) *has been accredited against the Royal Australian College of General Practitioners Standards for Accreditation by an accreditation authority authorised by the Commonwealth Department of Health and Ageing; and*
- (ii) *holds an accreditation certificate that is current the day the licence takes effect.*

Owner of the licensed premises to which the application for licence relates who is a charity

Medicines and Poisons – Nil fee applies to:

Opioid dependency treatment licence