

# INFECTION CONTROL APPLICATION TO VARY LICENCE

## PURPOSE

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

### General Enquires:

(02) 6205 1700

### Email Address:

[hps@act.gov.au](mailto:hps@act.gov.au)

### Fax Number:

(02) 6205 1705

## INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- If you are changing location or the licensee details this variation form cannot be used. A Transfer or New Application form must be completed and submitted to the Health Protection Service.
- This application form must be signed by the licensee and the original licence submitted with this application if varying the **Trading Name**.
- Complete this form using a black or blue pen only.

## 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  
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](mailto:hps@act.gov.au)

**REQUIRED INFORMATION (must be completed)**

LICENCE NUMBER:

FILE NUMBER:

EXPIRY DATE:

TRADING NAME:

*(As appears on current licence certificate)***PARTICULARS OF BUSINESS VARIATION (Must be completed)***Please indicate which variation(s) you are applying for and ONLY complete the sections below relevant to your changes.* Trading Name Contact Details Postal Details Refurbishment*Has there been a change in the Primary Infection Control Activity?*  No  Yes**VARIATION TO TRADING NAME**

NEW TRADING NAME:

**CONTACT DETAILS – ONSITE PERSON**

GIVEN NAME:

FAMILY NAME:

BUSINESS PHONE:

MOBILE PHONE:

AFTER HOURS PHONE:

FAX:

EMAIL ADDRESS:

**POSTAL DETAILS – BUSINESS CORRESPONDENCE POSTAL ADDRESS**

STREET NUMBER/PO BOX:

STREET NAME:

SUBURB:

STATE:

POSTCODE:

**REFURBISHMENT***Under the Act a floor plan showing the layout of all fixtures and fittings of the premises must accompany this application.* Plans of the premises were previously submitted for assessment on \_\_\_ / \_\_\_ / \_\_\_*Describe the nature of the structural change***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: \_\_\_\_\_