

# Gladstone Regional Council

101 Goondoon St, Gladstone  
PO Box 29  
Gladstone QLD 4680

Telephone 07 4976 6996

Facsimile 07 4975 8500

Website: [www.gladstonerc.qld.gov.au](http://www.gladstonerc.qld.gov.au)



Public Health (Infection  
Control for Personal  
Appearance Services)  
Act 2003

Part 4 Section 30

## Higher Risk Personal Appearance Services Licence Application

The Gladstone Regional Council is collecting your personal information in accordance with the Public Health (Infection Control for Personal Appearance Services) Act 2003 to process your Higher Risk Personal Appearance Services Licence Application. The information will only be accessed by authorised council employees. Some of this information may be given to other Government Departments in case of an emergency. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

### Application is for

Licence Fee      Fee: \$ \_\_\_\_\_

### Applicant/s details

Corporation Name	ACN / ARBN
Title eg. Mr, Mrs, Miss etc.	
Family Name	
Given Names	

Has the applicant been convicted (or found guilty) of any of the following offences<sup>2</sup>:

- An indictable offence (drink driving and minor traffic offences are not indictable offences);
- An offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or a corresponding law;<sup>3</sup>
- An offence against the *Health Act 1937* or an Australian or Foreign law regulating the same subject matter as that Act;
- An offence, relating to the provision of personal appearance services, against an Australian or Foreign law.
- Has the applicant held a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under a corresponding law?
- Has the applicant been refused a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under a corresponding law?
- Has the applicant had an application for the registration of an establishment refused in the *Health Regulation 1995*?
- Has the applicant had the registration of an establishment suspended or cancelled under the *Health Regulation 1996*?

Signature	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"/>
Position											

1 Includes a corporation's executive officer

2 You are not required to give details of convictions for which the rehabilitation period under the *Criminal Law (Rehabilitation of Offenders) Act 1986* has expired and is not revived under section 11 of that Act.

3 A "corresponding law" is an Australian or foreign law that provides, or provided, for the same matters as the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.

### Contact details

Contact Person											
Home Ph.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Home Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	e-mail:	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Fixed Premises</b> Trading name must be registered with the Office of Fair Trading. If more than one premises, please attach additional information to this form.  Enter postal address if different from street address.  <b>Real Property Description</b>	<b>Business details</b>			
	Trading Name			
	Street Address			
	Locality / Suburb		State <input type="text"/>	Postcode <input type="text"/>
	Postal Address (for service of documents)			
	Locality / Suburb		State <input type="text"/>	Postcode <input type="text"/>
	Business Ph. <input type="text"/>	<input type="text"/>	Bus Fax <input type="text"/>	<input type="text"/>
	Mobile: <input type="text"/>		Email: <input type="text"/>	
	Lot no.	Reg. Plan no.	Parish	
	<b>Mobile Premises</b> Description of the premises (eg vehicle, caravan details)			
Vehicle registration no.				
Address where the mobile premises may be inspected				
Suburb	State	Postcode		
<b>State the type of higher risk personal appearance services you intend to provide:</b>				

<b>Owner details</b>			
Name of Owner			
Address of Owner			
Locality / Suburb		State <input type="text"/>	Postcode <input type="text"/>
Signature			

<b>Infection Control Qualifications</b> You must have achieved competency standard HLTIN2A - Maintain Infection Control Standards in Office Practice Settings. List all qualified employees, course/s attended and attach documentation of their qualifications.	
Name	Course Attended

**Lodgement:**

Please attach the following:

1. A plan drawn to scale, not smaller than one to fifty (1:50) of the proposed fixed and / or mobile premises. Details including bench surface material, location of hand basin, etc should be included.
2. Full explanation of selected boxes in the Applicant details sections (if applicable).
3. Additional premises details (if applicable)
4. Copies of Infection Control Qualifications.

\*\*\*Important Note – The above information in not required if it has already been supplied with a design approval application\*\*\*

**Note: This application and fee MUST be lodged with your Council.**