

Application for licence to carry on business providing Higher Risk Personal Appearance Services

Authorising Provisions

Public Health (Infection Control for Personal Appearance Services) Act 2003
Part 4 Section 30

If you have any specific enquires regarding this application please contact Council's Licensing & Approvals Section on (07) 5581 6668 or Fax: (07) 5581 6898.

Please complete this application in BLOCK LETTERS, tick boxes where applicable and attach required further information.

Collection Notice: Council requires the personal information requested on this form for the purpose of assessing your application and administering licenses and approvals in the city. The information will not be disclosed to any other party unless required by law.

<p>Applicant must be a legal entity (eg. Individual/s, company – not business or trading name)</p>	<p>Applicant details</p> <p>Applicant Name: _____ (eg. Individual/s, company)</p> <p>ACN: _____</p> <p>Postal address: _____ _____</p> <p>Trading name: _____</p> <p>Registered business address: _____ _____</p> <p>Contact person: _____</p> <p>Phone no.: _____ mobile no.: _____</p> <p>Fax no.: _____</p> <p>Email address: _____</p>
<p>Address Details</p>	<p>Site address details</p> <p>Real property description: Lot: _____ Plan: _____</p> <p>Street address: _____</p> <p>Premises name: _____</p>
	<p>Application details</p> <p>State the process or processes involving the penetration of the skin, which is or are intended to be carried out in the establishment:</p> <p><input type="checkbox"/> Body piercing <input type="checkbox"/> Implanting <input type="checkbox"/> Scarring or cutting</p> <p><input type="checkbox"/> Tattooing <input type="checkbox"/> other _____</p>
	<p>Has the applicant¹ been convicted (or found guilty) of any of the following offences²:</p> <ul style="list-style-type: none"> • An indictable offence (Drink driving and minor traffic offences are not indictable offences) • An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law³

	<ul style="list-style-type: none"> • An offence against the <i>Health Act 1937</i> 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. <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Has the applicant held a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>, or a licence or registration under a corresponding law, that was suspended or cancelled?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the applicant been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>, or a licence or registration under a corresponding law?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Has the applicant had an application for the registration of an establishment refused under the <i>Health Regulation 1996</i>?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Has the applicant had the registration of an establishment suspended or cancelled under the <i>Health Regulation 1996</i>?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>If you answer “yes” to any of the above questions, you must attach a full explanation of the circumstances.</p> <p>¹ Includes a corporation’s executive officer ² You are not required to give details of convictions for which the rehabilitation period under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> has expired and is not revived under section 11 of the Act. ³ A “corresponding law” is an Australian or foreign law that provides, or provided, for the same matters as the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i></p>
Application must be signed	<p>Applicant signature</p> <p>I/We hereby certify that the above information and the information on any attachments is true and correct.</p> <p>signature of applicant: _____ Date ____ / ____ / ____</p>
	<p>Disclaimer: Should approval be given to this application such approval will not extend to approving any other statutory or Local Government requirements relating to the property</p>

Application requirements for all alterations/new premises/new treatment rooms

You must lodge all documentation listed below to allow processing, otherwise the information will be requested and this may hold up the approval or process

Item	Applicant check ✓	Council check ✓
(a) Two copies of plan layout of all equipment, benches, storage cupboards (storage of staff personal items), sinks, basins, door/window openings, location of staff areas and chemical/cleaning equipment storage areas. Scale 1:100	<input type="checkbox"/>	<input type="checkbox"/>
(b) Two copies of 2 cross sections each drawn through separate areas of the storage and customer service areas. Details are to include finishes to walls, floors and ceilings, heights of fixtures from floors and benches, junctions of walls and floors and lighting provisions. Scale 1:50	<input type="checkbox"/>	<input type="checkbox"/>
(c) Two copies of site plan showing location of premises/shop in regard to other premises including wastewater treatment devices (grease trap, etc), waste storage area and staff toilets.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Details of location and types of sterilizing equipment/laundry facilities for sanitizing needles, towels, wraps etc	<input type="checkbox"/>	<input type="checkbox"/>
(e) Confirmation that all persons personally providing higher risk personal appearance services at the proposed premises hold the appropriate infection control qualification (copies of certificate/s of qualification are to be provided). The appropriate infection control qualification means a certificate issued by a registered training organisation to each individual providing the higher risk personal appearance service stating the individual has achieved the competency HLTIN2A – Maintain Infection Control Standards in Office Practice Settings.	<input type="checkbox"/>	<input type="checkbox"/>