

APPLICATION FOR SKIN PENETRATION REGISTRATION

*PUBLIC HEALTH (INFECTION CONTROL FOR PERSONAL
APPEARANCE SERVICES) ACT 2003*

Is this application: (Please Tick <input checked="" type="checkbox"/>)	<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> APPLICATION TO AMEND LICENCE (eg change in operation/change in layout /renovations) <input type="checkbox"/> TRANSFER
In order for your application to be assessed you must:	<ul style="list-style-type: none"> • Complete all relevant sections; • Provide all supporting information referred to on this form, and • Submit with the relevant fee <p>➤ FOR A NEW APPLICATION</p> <p>Complete ALL SECTIONS and provide supporting information.</p> <p>➤ FOR AN APPLICATION TO AMEND</p> <p>Complete ALL SECTIONS and provide supporting information.</p> <p>➤ FOR A TRANSFER</p> <p>Complete SECTIONS A, B, C AND E.</p>

SECTION A – APPLICANT DETAILS

Name of Applicant/s			
Name of Business	ABN		
Applicant/s Postal Address			
Applicant/s Email Address			
Address of Business			
Business Phone		After Hours Phone	
Business Fax		Mobile Phone	

SECTION B - CURRENT LICENCE HOLDER TO COMPLETE

I/We being the holder/s of Licence Number _____ consent to the transfer of licence to the applicant in this application to apply for a Skin Penetration Registration for the premises.

Full Name of Registration Holder/s	
Signature of Current Licencee/s	
Date	

Mackay Regional Council is collecting this information in order to process your Application. If required, Council may provide your details to a collection agency that has been employed by Council for the recovery of unpaid fees. In all other circumstances, this information will only be disclosed to a third party with your written authorisation or as required by law.

SECTION C – OPERATION DETAILS

Type of Skin Penetration Provided

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Sterilisation Method

State the proposed method/s of sterilisation for equipment used in the establishment

Waste Disposal Method

State the method for disposing of clinical wastes (including sharps)

SECTION D - ATTACHMENTS

I/We have attached two (2) copies of the proposed plans, drawn to a scale of not smaller than 1:100. Your plans must include the following information:

- Detailed floor plan including dimensions of the layout and location of all fixtures and fittings;
- Elevations of any cupboard/benches
- Description of all finishes on all floors, walls, ceilings, cupboards and bench tops;
- Documentation providing relevant information on all fixtures and fittings;
- Information on Sterilising equipment
- Identification of areas used to store sterile equipment and contaminated items
- Details on waste storage and removal.
- If this application is to amend an existing licence, please detail, in writing, how you wish to amend your current licence. For changes to layout/renovations, plans of these changes/renovations must also be provided.

SECTION E – SIGNATORY

Signature/s of
Applicant/s

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Date of Submission

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OFFICE USE ONLY:

Cashier's Reference No.: LC/H&RS/PP__

Date: Receipt No: Amount: Cashier:

File Number: