

# **Higher Risk Personal Appearance Services**

### **Environmental Health**

## Application for Higher Risk Personal Appearance Services

Please complete this application in BLOCK LETTERS and tick or fill in boxes where applicable. If a question does not apply, please indicate 'N/A'.

Part A - Application Type (Please refer to Council's current Fees & Charges for applicable fees)

Licence Type New Application Transfer Existing Licence

Amend Existing Licence

#### Part B - Applicant Details

Applicant Name Email

Company Name (if applicable) ACN or ABN\*

Contact Person Mobile

#### Part C - Business Details

Postal Address

Premises address

Mobile premises address

Type

Open ear or nose piercing

Colour implantation

Body piercing

Collagen implants

Lot & Plan

Vehicle
Registration

Other

Tattooing

Collagen implants

Phone

#### Part D - Amendment of existing licence

**Details of Amendment** 

<sup>\*</sup>The applicant is required to provide a copy of the Business Registration Certificate

#### Part E - Transfer of existing licence

Transferrer's Name	Licence Number	
Phone	Expiry Date	
Signature	Date	

#### Part F - Applicant Suitability

Has the applicant been convicted (or found guilty) of any of the following offences:

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?

An offence, relating to the provision of personal appearance services, against and Australian or foreign law?

An offence, against the Health Act 1937 or an Australian or foreign law regulating the same subject matter as that Act?

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, that was suspended or cancelled?

Yes\* No

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?

Yes\* No

Has the applicant had an application for the registration of an establishment refused under the Health Regulation 1996?

Yes\* No

Has the applicant had the registration of an establishment suspended or cancelled under the Health Regulation 1996?

Yes\* No

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.

#### Part G - Infection Control Qualifications

All operators intending to provide a Personal Appearance Service (including individual staff) must be competent in one of the following competency standards:

HLTINF005 – Maintain Infection Prevention for Skin Penetration Treatments

<sup>\*</sup> If you answer "yes" to any of the above questions, you must attach a full explanation of the circumstances.
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.
Includes a corporation's executive officer.

- HLTIN2A Maintain infection control standards in Office Practice Settings
- HLTIN402B Maintain Infection Control Standards in Office Practice Settings
- HLTIN402C Maintain Infection Control Standards in Office Practice Settings

A copy of the Statement of Attainment from a Registered Training Organisation for each operator must be provided with your licence application.

Outline infection control qualifications:

#### Part H - Site Plans & Supporting Information

Plans must be drawn to scale and must provide adequate detail and information so that the application may be adequately assessed.

- i) Site Layout (not less than 1:100)
- ii) Floor Layout (not less than 1:100)
- iii) Sectional elevations (not less than 1:100)
- iv) Proposed layout of equipment, benches, fixtures and fittings
- v) Materials and finishes of walls, floor, benches etc.

#### Part I - Applicants Signature

Signature Date

#### Part J – Applicants Checklist

Application form completed and signed

Proof of infection control competency attached

Plans and supporting documentation listed above have been attached