

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

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## APPLICATION FORM HIGHER RISK PERSONAL APPEARANCE SERVICE LICENCE

PURPOSE OF FORM: This form will be used to process your application for Higher Risk Personal Appearance Services

## IMPORTANT INFORMATION

- In order to make an application for, and to operate a Higher Risk Personal Appearance Service, you may need to hold a current tattoo operator licence and/or tattooist licence from the Office of Fair Trading under the *Tattoo Industry Act 2013*. You are unable to make an application to Council without this licence/s. Please attach a copy of the applicable licence/s to this application.
  - For further information in relation to this matter, please contact Council's Environmental Health Section on 1300 79 49 29.
- In order to operate a Higher Risk Personal Appearance Service, you MUST also hold a current infection control qualification HLTINF005—Maintain infection prevention for skin penetration treatments. Alternatively the former qualifications: HLTIN2A, HLTIN402B, HLTIN402C are acceptable. You are unable to make an application to Council without this qualification. Please attach a copy of the certificate to this application.

| Application for:                                                                                                                                                                               | ☐ New Application                                                                                                                              | ☐ Transfer of Licence                                                                                        | ☐ Amendment of Licence     | ce         |          |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------|------------|----------|--|--|
| For applicable fees and charges, please refer to page 3 of this Application Form.                                                                                                              |                                                                                                                                                |                                                                                                              |                            |            |          |  |  |
| Section 1 – Applicant's Details (Complete for Individual Applicant/s OR Registered Entity/Company only)                                                                                        |                                                                                                                                                |                                                                                                              |                            |            |          |  |  |
| Individual Applicant's                                                                                                                                                                         | Individual Applicant's Name: Surname: Given Name/s:                                                                                            |                                                                                                              |                            |            |          |  |  |
| <b>OR</b> Registered Entity/C                                                                                                                                                                  | OR Registered Entity/Company Name: ABN/ACN:                                                                                                    |                                                                                                              |                            |            |          |  |  |
| Contact Name:                                                                                                                                                                                  |                                                                                                                                                | Position in Company:                                                                                         |                            |            |          |  |  |
| Residential/Registered                                                                                                                                                                         | Company Address:                                                                                                                               |                                                                                                              |                            |            |          |  |  |
| Postal Address (if differ                                                                                                                                                                      | rent to above):                                                                                                                                |                                                                                                              |                            |            |          |  |  |
| Telephone:                                                                                                                                                                                     | Mobile:                                                                                                                                        |                                                                                                              |                            |            |          |  |  |
| Facsimile:                                                                                                                                                                                     | Email:                                                                                                                                         |                                                                                                              |                            |            |          |  |  |
| <ul> <li>Has the applicant been</li> <li>An indictable offer</li> <li>An offence again corresponding law</li> </ul>                                                                            | ions below by circling the relevant convicted (or found guilty) of a nee (drink driving and minor transt the <i>Public Health (Infection</i> ) | any of the following offences:  affic offences are not indictable offences  on Control for Personal Appearan | ce Services) Act 2003 or a | Yes<br>Yes | No<br>No |  |  |
| Act.                                                                                                                                                                                           |                                                                                                                                                | stralian or foreign law regulating the appearance services, against an Au                                    | ·                          | Yes        | No<br>No |  |  |
|                                                                                                                                                                                                |                                                                                                                                                | lealth (Infection Control for Person<br>ng law, which was suspended or ca                                    | * *                        | Yes        | No       |  |  |
| Has the applicant been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services)</i> 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 <i>Health Regulation</i> 1996?                                                                 |                                                                                                                                                |                                                                                                              |                            | Yes        | No       |  |  |
| Has the applicant had the registration of an establishment suspended or cancelled under the <i>Health Regulation</i> 1996?                                                                     |                                                                                                                                                |                                                                                                              |                            | Yes        | No       |  |  |

If you answered 'YES' to ANY of the above questions, you must attach a full explanation of the circumstances

| Section 3 – Premises D                            | etails                                                                      |                                            |                                     |  |  |
|---------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|--|--|
| Please select all applicabl space provided below. | e higher risk personal appearance s                                         | ervices to be provided and provide any add | itional information/services in the |  |  |
| =                                                 | Microdermabrasion/Skin Needling/Electrolysis □Cosmetic Enhancement/Implants |                                            |                                     |  |  |
|                                                   |                                                                             |                                            |                                     |  |  |
| Section 4 – Premises D                            | etails                                                                      |                                            |                                     |  |  |
| Please indicate they type                         | of premises and complete the relev                                          | ant section.                               |                                     |  |  |
|                                                   | Fixed Premises Only                                                         | Premises Only                              | <b>□Other</b>                       |  |  |
| Fixed Premises Only:                              |                                                                             |                                            |                                     |  |  |
| Business Trading Name:                            |                                                                             |                                            |                                     |  |  |
| Name of Premises:                                 |                                                                             |                                            |                                     |  |  |
| Street address of Premise                         | es:                                                                         |                                            |                                     |  |  |
| Lot Number:                                       | Plan Number:                                                                | Parish:                                    |                                     |  |  |
| Business hours contact nu                         | ımber:                                                                      |                                            |                                     |  |  |
|                                                   |                                                                             |                                            |                                     |  |  |
| Mobile Premises Only:                             |                                                                             |                                            |                                     |  |  |
| Business Trading Name:                            |                                                                             |                                            |                                     |  |  |
|                                                   | es (e.g. vehicle, caravan details):                                         |                                            |                                     |  |  |
|                                                   | Vehicle Registration Number: VIN Number:                                    |                                            |                                     |  |  |
| Address where the mobile                          | e premises may be inspected:                                                |                                            |                                     |  |  |
| Multiple Premises:                                |                                                                             |                                            |                                     |  |  |
| Provide Details for Addit                         | ional Fixed Premises                                                        |                                            |                                     |  |  |
| Business Trading Name:                            |                                                                             |                                            |                                     |  |  |
| Name of Premises:                                 |                                                                             |                                            |                                     |  |  |
| Street address of Premise                         | ?S:                                                                         |                                            |                                     |  |  |
| Lot Number:                                       |                                                                             |                                            |                                     |  |  |
| Business hours contact nu                         | ımber:                                                                      |                                            |                                     |  |  |
| Provide Details for Addit                         | ional Mobile Premises                                                       |                                            |                                     |  |  |
| Business Trading Name:                            |                                                                             |                                            |                                     |  |  |
| Description of the premis                         | es (e.g. vehicle, caravan details):                                         |                                            |                                     |  |  |
| Vehicle Registration Num                          | ber:                                                                        | VIN Number:                                |                                     |  |  |
| Address where the mobile                          | e premises may be inspected:                                                |                                            |                                     |  |  |
| Section 5 – Sterilisation                         | n                                                                           |                                            |                                     |  |  |
| State the method of dispo                         | osal for sharps:                                                            |                                            |                                     |  |  |
|                                                   |                                                                             |                                            |                                     |  |  |
| State the type of autoclav                        | ve used:                                                                    |                                            |                                     |  |  |

**Privacy Notice**: In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose stated above and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

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(Attach a copy of the latest calibration Certificate to this application)

| Section 6 – Attachments                                                                                                                                            |                                                                                                                 |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Please attach the following documentation to this application:                                                                                                     |                                                                                                                 |  |  |  |  |
| ☐ Copy of current tattoo operator licence and tattooist licences from Offic persons performing body art tattooing. (Note: This is not applicable for so            | ,                                                                                                               |  |  |  |  |
| $\ \square$ Copy of infection control qualification certificates for all higher risk person                                                                        | Copy of infection control qualification certificates for all higher risk personal appearance service providers. |  |  |  |  |
| $\ \square$ Copy of latest calibration certificate for all sterilisation equipment. (Note                                                                          | e: not required for single use equipment)                                                                       |  |  |  |  |
| $\ \square$ Floor and elevation plans drawn to a scale of 1:50 of the proposed fit-ou all fittings, fixtures and equipment (i.e. benches, hand washing facilities, |                                                                                                                 |  |  |  |  |
| For assistance on fit-out specifications, refer to the Qld Development Code, P                                                                                     | Part 5.2 – Higher Risk Personal Appearance Services.                                                            |  |  |  |  |
| Section 7 – Declaration                                                                                                                                            |                                                                                                                 |  |  |  |  |
| I declare that the inforcorrect and I consent to the making of enquiries and exchange of inforcommonwealth Department in regards to any matters relevant to        |                                                                                                                 |  |  |  |  |
| Signature of Applicant:                                                                                                                                            | Date:                                                                                                           |  |  |  |  |
|                                                                                                                                                                    |                                                                                                                 |  |  |  |  |
|                                                                                                                                                                    |                                                                                                                 |  |  |  |  |
|                                                                                                                                                                    |                                                                                                                 |  |  |  |  |

## **Applicable Fees and Charges:**

The following fees apply to an Application for a new Higher Risk Personal Appearance Services Licence:

- Application Fee- this fee applies to the lodgement and assessment of the Application and one inspection\* prior to opening (Final Inspection); and
- Annual Licence and Inspection Fee- this fee applies to the issuing of a licence/approval for the stated term and all routine inspections\* to be undertaken during the period for which the licence/approval is valid.

  (An Application for a new Higher Risk Personal Appearance Services Licence must be accompanied by the Application Fee AND the Annual Licence and Inspection Fee).

Please refer to the Fees and Charges Schedule in place at the time of making this Application for fee amounts. The Fees and Charges Schedule for the current financial year can be accessed on Council's website.

| OFFICE USE ONLY        |                |                 |                             |  |  |  |
|------------------------|----------------|-----------------|-----------------------------|--|--|--|
| Date:<br>CSO Initials: | Amount Paid \$ | Receipt Number: | Application Number:<br>PAS- |  |  |  |

<sup>\*</sup>Please note: any additional follow-up inspections undertaken to verify compliance may incur an additional inspection fee.