

Higher Risk Personal Appearance Service – Licence/Amendment Application

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

This Application is for:

☐ Licence (All sections excluding 7 are to be completed)

☐ Amendment
Current licence: PAS_____ / _____
(Sections 1, 2, 3 and 7 are to be completed)

Section 1: Applicant Details (Please print)

| | | | |
|------------------------------|--|----------|--|
| Full Name | | | |
| Company Name | | | |
| Contact Person (for company) | | Position | |
| ACN | | | |
| Postal Address | | | |
| | | | |
| Telephone | | Mobile | |
| Email | | | |

Please complete Section 2 and/or 3 as appropriate for your application

Section 2: Fixed premises

| | | | |
|---------------------------|--|--------|--|
| Trading Name of Business | | | |
| Business Address | | | |
| Telephone | | Mobile | |
| Business Email | | | |
| Postal Address | | | |
| | | | |
| ABN/ARBN: | | | |
| Real Property Description | | | |

Plans drawn to scale, not smaller than 1:50 of the proposed premises is provided with this application. Details of, for example, bench surface material, location of hand basin etc are to be included.

Section 3: Mobile premises

| | | | |
|---|---------------------|--|--|
| Address where mobile premises may be inspected | | | |
| | | | |
| Description of premise/vehicle | | | |
| Vehicle Details | Registration Number | | |
| | Vehicle make | | |
| | Model | | |
| | Colour | | |
| Plans drawn to scale, not smaller than 1:50 of the proposed premises is provided with this application. Details of, for example, bench surface material, location of hand basin etc are to be included. | | | |

Section 4: Applicant History

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Has the applicant ¹ been convicted (or found guilty) of any of the following offences ² : <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 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. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Has the applicant had an application for the registration of an establishment refused under the <i>Health Regulation 1996</i> ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Has the applicant had the registration of an establishment suspended or cancelled under the <i>Health Regulation 1996</i> ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If you answered yes to any of the above questions, you must attach a full explanation of the circumstances. | | | | |
| 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> . | | | | |

Section 5: Business details

Provide details of the higher risk personal appearance services your business provides ensuring all relevant information is provided.

Select all of the higher risk personal appearance services that you are providing

| | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Body piercing (excluding closed ear/nose piercing) | <input type="checkbox"/> | Implanting natural or synthetic substances in skin |
| <input type="checkbox"/> | Cosmetic Tattooing | <input type="checkbox"/> | Tattooing |
| <input type="checkbox"/> | Semi-permanent make-up | <input type="checkbox"/> | Tattoo removal (via skin penetration) |
| <input type="checkbox"/> | Other (please provide details) | | |

Start date: / /

Do you (the licence applicant) hold a statement of attainment for one of the following infection control competency standards?

| | | | | |
|-----------|--------------------------|-----|--------------------------|----|
| HLTIN2A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| HTIN402B | | | | |
| HLTIN402C | | | | |
| HLTINF005 | | | | |

Section 6: Supporting Information

Supporting information is required to be submitted with this application, as indicated below and throughout this form. Failure to provide the required information may delay the processing of your application. Indicate below the supporting information you have attached to this application.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Floor plan to scale detailing location, materials and dimensions of work area zones, equipment and fittings |
| <input type="checkbox"/> | Cross-section drawings to scale detailing location, materials and dimensions of work area zones, equipment and fittings |
| <input type="checkbox"/> | Site plan detailing location of premises in regard to other premises and facilities |
| <input type="checkbox"/> | Sterilising and cleaning equipment details |
| <input type="checkbox"/> | Statement of attainment for infection control competency standard |

Section 7: Amendment to Licence

Provide the details of amendments to your licence below. Administrative amendments may include contact details, business name (trading name), nominating a new contact person or updating a vehicle registration number. Operational amendments may include the operation or services provided by the business, equipment used, conditions of approval or structural changes. Amended plans and/or specifications are to be attached if appropriate to the amendment.

| |
|--|
| |
| |
| |

Section 8: Declaration and Signature

This section must be completed by or for each applicant. Where a person is signing on behalf of a corporation or (the signatory), they must occupy a position that is legally entitled to make that application and complete the details below. Documentation must be provided if a power of attorney (POA) signs on behalf of a person.

I understand and verify that:

- I am duly authorised to make this application
- The statements and information provided are accurate, true and complete
- I have received all relevant third party consents and authorizations
- It is an offence to knowingly provide false or misleading information
- Approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity.
-

| | |
|-----------------------|--|
| Applicant's Name | |
| Applicant's signature | |
| Date | |

Information Privacy Act 2009. Burdekin Shire Council is collecting the personal information you provide on this form in accordance with *Public Health (Infection Control for Personal Appearance Services) Act 2003* for the purpose of assessing your application and monitoring compliance. This information may be given to Queensland Health if investigation of a serious breach, is warranted. Your information will not be disclosed to a third party without your consent unless required or authorised by law.

Office Use Only

| | | | | | | | |
|------------|-----|--------------|--|------------|---------|----------------|-----|
| Fee Paid | \$ | CSO Initials | | Applic. No | | Prop ID No | |
| Receipt No | | | | Noted | SEHO | Land ID No | |
| Date Paid | / / | | | Action | LIC/REG | Function ID No | 650 |