

High Risk Personal Appearance Services Application

Food Act 2006

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 region. The information will not be disclosed to any other party unless required by law.

Application is for:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New licence including design assessment
<input type="checkbox"/> Amendment requiring design assessment | <input type="checkbox"/> New licence – existing premises
<input type="checkbox"/> Amendment – minor |
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OFFICE USE ONLY

Applicable fee: \$

Please provide existing food business licence number and expiry date (if applicable)

Existing licence number:	Expiry:
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Applicant/s details (for a company or registered organisation)

Company name:	ACN/ ARBN/ IA:
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Title Mr Mrs Ms Miss Other (specify)

Family name:
Given names:
Position:

I declare that I have the authority to sign on behalf of the company or registered organisation and that the information provided in this application to be true and correct.

Signature:	Date: / /
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Applicant/s details (for individual/s)

Title Mr Mrs Ms Miss Other Mr Mrs Ms Miss Other

Family name:	Family name:
Given names:	Given names:
Position:	Position:

I declare that the information provided in this application to be true and correct.

Signature:	Signature:
Date: / /	Date: / /

Applicant contact details

Business Private

Contact person:		
Postal address:		
Locality/ Suburb:	State:	Postcode:
Phone:	Mobile:	
Fax:	Email:	

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Receipt number:	Date:
Assessment number:	Lot/Plan:

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Business details (only business names registered with the Office of Fair Trading can be used)

Business name:	ABN:	
Street address:		
Locality/ Suburb:	State:	Postcode:
Phone:	Mobile:	
Fax:	Email:	
Postal address (if different):		
Locality/ Suburb:	State:	Postcode:
Contact person:		
Phone:	Mobile:	
Fax:	Email:	
Property Lot and Plan:		

High risk personal appearance service details

Activity being conducted (please select from the following)

- Body piercing
 Implanting
 Scarring or cutting
 Tattooing
 Other (please specify)

Suitability of person to hold a licence

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)	<input type="checkbox"/> No <input type="checkbox"/> Yes
	An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law	<input type="checkbox"/> No <input type="checkbox"/> Yes
	An offence against the <i>Public Health Act 2005</i> or an Australian or foreign law regulating the same subject matter as that Act	<input type="checkbox"/> No <input type="checkbox"/> Yes
	An offence, relating to the provision of personal appearance services, against an Australian or foreign law	<input type="checkbox"/> No <input type="checkbox"/> Yes

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?

- No Yes, please attach details

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?

- No Yes, please attach details

Has the applicant had an application for the registration of an establishment refused under the *Public Health Regulation 2005*?

- No Yes, please attach details

Has the applicant had the registration of an establishment suspended or cancelled under the *Public Health Regulation 2005*?

- No Yes, please attach details

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Current approval details

Please insert your approval number for each approval type issued by local government (if applicable)

Approval Type	Approval Number	Office Use Only
Building approval		
Plumbing and drainage approval		
Development approval		
Other (specify)		

Amendments (if applicable)

Provide details of proposed amendments and plans (if required)

Attachments for applications requiring design assessment

Item	Yes	No	N/A
1. One copy of 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			
2. One copy of two 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			
3. One copy of site plan showing location of premises/shop in regard to other premises including wastewater treatment devices, waste storage area and staff toilets.			
4. Details of location and types of sterilizing equipment/laundry facilities for sanitizing needles, towels, wraps etc.			
5. 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 in one of the following: <ul style="list-style-type: none"> • HLTIN2A – Maintain Infection Control Standards in Office Practice Settings. • HLTIN402B – Maintain Infection control Standards in Officer Practice Settings. 			