

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

Application jees are not rejundable if application is withdrawn, cancelled or refused.	Company or incorporated association's Name
☐ Application \$834.0	Director name/s or management committee names or
Annual Licence and Inspection Fee is also required upon findinspection (\$452.00)	incorporated association (attach additional sheet if more room required)
IMPORTANT INFORMATION The application will not be considered if:	
• you don't hold a certificate in Maintain Infection Preventio for Skin Penetration Treatments (HLTINF005). Alternatively the former qualifications - HLTIN2A, HLTIN402B, HLTIN402	',
you don't have a current tattoo operator and/or tattooist licence from the Office of Fair Trading under the Tattoo Industry Act 2013 (for body art tattooing applications only)	Corporations address of registered office or Incorporated associations nominated address:
Applicant Details: (Complete For Individual Applicant Only)	Postcode
Mr □ Mrs □ Ms □ Dr □ Other] <u> </u>
Surname	Postal address (if different from above)
Given name/s	_
	Postcode
Mr □ Mrs □ Ms □ Dr □ Other]
Surname	Phone no. Mobile phone no.
Given name/s	E-mail
] []
Residential address	2. Electronic Authorisation
	Gympie Regional Council now offers the option of having your
Doctoods	HRPAS Licence correspondence and information sent to you vi email. Do you authorise Council to send you information
Postcode	electronically?
Postal address (if different from above)	No □ 1 Yes □
	3. Contact Person:
Postcode	On-site contact person name:
Home phone no. Mobile phone no.	1
	On-site phone no. On-site mobile no.
E-mail	
	E-mail
Complete For Registered Entity/Company Only:	
ABN / ACN:	



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Business Name (trading name)	Туре	Approval Number
, ,	Building Approval	7-pp-0-tal-1-tal-1-tal-1
susiness Address	Plumbing &	
	Drainage Approval	
	Development	
	Approval	
Postcode	8. Suitability of Person to	Hold a Licence:
susiness phone no. Business mobile no.	•	
		n or an incorporated association, executive officer of the corporatio
	or a member of the association	•
usiness E-mail		-
	Has the applicant been conv the following offences:	ricted (or found guilty) of any
Mobile Premises:	An indictable offence (drink d	riving and minor traffic offences
	are not indictable offences)	irving and minor traine onenees
escription of the mobile premises (e.g. vehicle, caravan)	☐ Yes ☐ No	
	An offence against the <i>Public</i>	Health (Infection Control for
egistration number	Personal Appearance Services)	
gistration number	corresponding law	
	☐ Yes ☐ No	
ddress where the mobile premises may be inspected	An offence against the <i>Health</i>	Act 1937 or an Australian or
	foreign law regulating the san	
	☐ Yes ☐ No	
Postcode	An offence, relating to the pro	ovision of personal appearance
	services, against an Australian	
Type of Higher Risk Personal Appearance	☐ Yes ☐ No	
Service(s) to be Provided:	Has the annlicant held a lice	nce under the <i>Public Health</i>
		nal Appearance Services) Act
□ body piercing (other than closed ear/ nose piercing)		ntion under a corresponding
☐ implanting natural or synthetic substances into a person's skin	law, which was suspended o ☐ Yes ☐ No	r cancelled?
(e.g. hair or beads)	□ 163 □ 1NO	
		Personal Appearance Services)
☐ scarring or cutting a person's skin using a sharp instrument to make a permanent mark pattern or design	Act 2003, or a licence or regis law?	tration under a corresponding
make a permanent mark pattern or design	☐ Yes ☐ No	
□ tattooing	Handha ann Bandhad an ann	! 4!
□ cosmetic tattooing	establishment refused under	lication for the registration of a the <i>Health Regulation</i>
	1996?	
☐ another skin penetration procedure prescribed under regulation (e.g. injectable tattoo removal) Please specify -	☐ Yes ☐ No	
e.g. injectable tattoo removal) i lease specify -	Has the applicant had the reg	istration of an establishment
	suspended or cancelled under	
	1996? □ No.	
1	☐ Yes ☐ No	

attach a full explanation of the circumstances.

If you answered 'YES' to ANY of the above questions, you must



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9. Attachments

Please tick to confirm you have provided the following attachments with this application.

□ **Detailed plans** – Floor and elevation plans drawn to a scale of 1:50 of the proposed fit-out of the premises, including layout and details of finishes of all fittings, fixtures and equipment (i.e. benches, hand washing facilities, cleaning sinks etc.). The premises must comply with the specifications of *Queensland Development Code*, *Section MP 5.2 - Higher Risk Personal Appearance Services*;

□ Supporting Information Checklist - Higher Risk Personal Appearance Services Premises - please provide a completed copy of the attached checklist;

☐ **Council's Development Approval Decision Notice** - please provide a copy (if applicable) for the use of the premises;

☐ **Building and Plumbing Approval** – please provide relevant building and/or plumbing approvals;

□ **Tattoo Licence** – please provide a copy of current tattoo operator licence and tattooist licences from Office of Fair Trading under the Tattoo Industry Act 2013 for all persons performing body art tattooing. (Note: This is not applicable for some PAS applications (e.g. cosmetic tattooing);

□ HLTINF005 - Maintain Infection Prevention for Skin Penetration Treatments. Please provide a copy of the Certificate of Attainment for this qualification or equivalent qualification, for all higher risk personal appearance service providers;

☐ Calibration Certificate – please provide a copy of latest calibration certificate for all sterilisation equipment. (Note: not required for single use equipment)

10. Declaration:

If you have not told the truth in this application, you may be liable for prosecution under the relevant Acts or Regulations.

- I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge.
- I understand that Gympie Regional Council collects personal information where it is directly related to a function or activity of Council and where the collection of such information may be reasonably considered as necessary for that purpose. It will only use personal information for that purpose, and will not disclose it, except as permitted under the *Information Privacy Act 2009*.
- I understand that the collection of this information is required in accordance with Section 32 of the

- Public Health (Infection Control for Personal Appearance Services) Act 2003.
- I understand that this information will be provided to State Government Departments if required by the Public Health (Infection Control for Personal Appearance Services) Act 2003. Council will also provide information to other parties upon my consent (example: in relation to sale of business).
- I will take all reasonable and practicable measures to comply with the requirements of the *Public* Health (Infection Control for Personal Appearance Services) Act 2003 and the conditions imposed on my licence.

Print Name	
Applicant 1 Signature	
Date	
Print Name	
Applicant 2 Signature (if applicable)	
Date	

Privacy Statement

Gympie Regional Council collects personal information in accordance with our Information Privacy Policy, a copy of which is available from the Council website. In providing your personal information e.g. name and contact details, please note that due to aspects of electronic communications outside of Council's control, you are agreeing to the possible transfer of your information outside Australia under s33 of the Information Privacy Act 2009.

How to lodge this form with Council

Applications can be made either in person at 29 Channon Street, Gympie (8:30am – 4:30pm) or via email to health@gympie.qld.gov.au Invoices are issued to applicants upon receipt of the application and payment can be made online at: payments.gympie.qld.gov.au

Please be advised assessment of your application does not occur until Council receives invoice payment.



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	list - Higher Risk Personal Appearance Services Premises ifications of Queensland Development Code, Section MP 5.2 - Higher Risk Personal
Description of Materials/Finishes Please provide information on the type of ma	aterials and finishes of the proposed premises
Floors:	
Coving or Skirting:	
Walls:	
Ceilings:	
Floor to ceiling height: (mm)	
Lighting:	Recessed: Y N Covers: Y N
Description of Lighting:	
Benches:	Fixed: Y N Castors: Y N Legs: Y N
Benches Construction:	
Cabinets:	Fixed: Y N Castors: Y N Legs: Y N
Cabinets Construction:	
Clean Zone and Contaminated Zone	
Please provide information on how the prem contaminated items	nises will be constructed to ensure the separation of clean or sterile items from
Sterilisation	
State the method of disposal for sharps:	
State the type of autoclave used:	



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Hand washing, Instrument and equipment cleaning facilities A place of business must be provided with suitable hand washing and instrument cleaning facilities to provide and maintain hygienic conditions.
Hand wash basin with bowl dimensions of not less than 400mm x 250mm: Y N
Single spout: Y N Is the hand wash basin connected to a reticulated cold water supply? Y N
Hand wash basin method of operation: (e.g. flick mixer / sensor hands free)
Is the hand wash basin situated within 5 metres from any work station and unobstructed by walls or fixtures? Y N
Does the premises have at least one sink solely for the washing and cleaning of instruments and equipment? Y N
Is the cleaning sink connected to a reticulated hot and cold water supply? Y N Cleaning sink size: (litres)
Splash backs of suitable material supplied above all sinks/basins: Y N