

New Higher Risk Personal Appearance Services (HRPAS)

Assessment Application

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



Application fees are not refundable if application is withdrawn, cancelled or refused.

☐ Application

\$798.00

Annual Licence and Inspection Fee is also required upon final inspection (\$452.00)

IMPORTANT INFORMATION

The application will not be considered if:

- you don't hold a certificate in Maintain Infection Prevention for Skin Penetration Treatments (HLTINF005). Alternatively, the former qualifications - HLTIN2A, HLTIN402B, HLTIN402C;
- 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)

1. Applicant Details:

(Complete For Individual Applicant Only)

Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other

Surname

Given name/s

Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other

Surname

Given name/s

Residential address

.....

.....

Postcode

Postal address (if different from above)

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.....

Postcode

Home phone no.

Mobile phone no.

E-mail

Complete For Registered Entity/Company Only:

ABN / ACN:

Company or incorporated association's Name

Director name/s or management committee names of incorporated association (attach additional sheet if more room required)

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Corporations address of registered office or Incorporated associations nominated address:

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Postcode

Postal address (if different from above)

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Postcode

Phone no.

Mobile phone no.

E-mail

2. Electronic Authorisation

Gympie Regional Council now offers the option of having your HRPAS Licence correspondence and information sent to you via email. Do you authorise Council to send you information electronically?

No ☐

Yes ☐

3. Contact Person:

On-site contact person name:

On-site phone no.

On-site mobile no.

E-mail

4. Business Details

Business Name (trading name)

Business Address

 Postcode

Business phone no.

Business mobile no.

Business E-mail

5. Mobile Premises:

Description of the mobile premises (e.g. vehicle, caravan)

Registration number

Address where the mobile premises may be inspected

 Postcode

6. Type of Higher Risk Personal Appearance Service(s) to be Provided:

- ☐ body piercing (other than closed ear/ nose piercing)
- ☐ implanting natural or synthetic substances into a person's skin (e.g. hair or beads)
- ☐ scarring or cutting a person's skin using a sharp instrument to make a permanent mark pattern or design
- ☐ tattooing
- ☐ cosmetic tattooing
- ☐ another skin penetration procedure prescribed under regulation (e.g. injectable tattoo removal) Please specify -

7. Relevant Approvals:

Type	Approval Number
Building Approval	
Plumbing & Drainage Approval	
Development Approval	

8. Suitability of Person to Hold a Licence:

If the applicant is a corporation or an incorporated association, then below also applies to an executive officer of the corporation or a member of the association's management committee.

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)

☐ Yes ☐ No

An offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or a corresponding law

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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, which was suspended or cancelled?

☐ Yes ☐ No

***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

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

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.

Supporting Information Checklist - Higher Risk Personal Appearance Services Premises

The premises must comply with the specifications of Queensland Development Code, Section MP 5.2 - Higher Risk Personal Appearance Services.

Description of Materials/Finishes

Please provide information on the type of materials 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 premises will be constructed to ensure the separation of clean or sterile items from contaminated items

Sterilisation

State the method of disposal for sharps:

State the type of autoclave used:

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