

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



2. 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

Postal address (if different from above)

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)

Corporations address of registered office or Incorporated associations nominated address:

Transfer of Higher Risk Personal Appearance Services Licence (HRPAS) Application

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



Postal address (if different from above)

| |
|----------|
| |
| |
| Postcode |

Phone no.

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

Mobile phone no.

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

E-mail

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

3. 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 ☐

4. Contact Person:

On-site contact person name:

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

On-site phone no.

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

On-site mobile no.

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

E-mail

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

5. Business Details

Business Name (trading name)

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

Business Address

| |
|----------|
| |
| |
| Postcode |

Business phone no.

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

Business mobile no.

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

Business E-mail

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

6. Mobile Premises:

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

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

Registration number

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

Address where the mobile premises may be inspected

| |
|----------|
| |
| |
| Postcode |

7. 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 -

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

8. Approved Fit Out of Premises

- ☐ As the new applicant for the existing higher risk personal appearance services premises, I declare that no alterations or changes have occurred to the approved fit out of the premises.

Transfer of Higher Risk Personal Appearance Services Licence (HRPAS) Application

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



9. 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

10. Attachments

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

☐ **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)

Transfer of Higher Risk Personal Appearance Services Licence (HRPAS) Application

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



11. 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 Signature 1

Date

Print Name

Applicant Signature 2 (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.