

### **ENVIRONMENTAL HEALTH SERVICES**

## **Application for Personal Appearance Services Licence**

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

Council is collecting your personal information (e.g. name, address, phone number etc), for the purposes as outlined on this form. Council is required to collect this information under *Public Health (Infection Control for Personal Appearance Service) Act 2003.* This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Privacy Statement governed by the *Information Privacy Act 2009.* Visit https://www.bundaberg.qld.gov.au/privacy for further information.

Applications that are incomplete will not be accepted.

PA	ART A Application Type
	☐ New Licence – assessment of application and licence
	<ul> <li>☐ Transfer of Licence</li> <li>→ Existing Licence Number</li> </ul>
	Amendment of licence with minor alterations to the premises  → Existing Licence Number
PA	ART B Applicant Details
1	Applicant Individual's full name Title Surname/Family Name First Name Middle Name
2	Business/Trading Name
3	ABN (Australian Business Number)  4 Contact number
5	Postal Address
6	Business details Business phone number Business fax number Business mobile No.
	Email
	Receive your Annual Renewal Invoice via email?



P	ART C	Details of b	ousiness premises	5			
	Fixed	Premises					
7	Street addr Unit No.	ress including sl Street No.	nop number Street		Suburb	Postcode	
8	Lot	Plan Premises		Lot	Plan		
9	Street addr Unit No.	ress including sl Street No.	nop number Street		Suburb	Postcode	
10	Real Prope	Prty Description Plan		Lot	Plan		
P	ART D	Developme	ent and Building A	ssessme	nt		
11	11 Where your proposal involves new or altered structure you may require planning, building, plumbing or trade waste approvals. It is your responsibility to ensure all relevant approvals are obtained prior to operating. Contact the relevant departments via Councils Customer Service Centre to determine which approvals you need. If you have already obtained these approvals, please provide the reference numbers below:						
	Developme	ent Approval Nur	nber				
	Building A	pproval (tenancy	/ fit out) number				
	Plumbing A	approval Number	·				
	Trade Wast	e Approval Num	ber				
Α	licence unde	er the <i>Public (In</i>	 fection Control for Per	sonal Appea	rance Services) Act 20	03 does NOT	

constitute approval of other aspects of your operation.



## Infection control personnel and qualifications

12 N	ames of all persons conducting higher ris	sk personal appearance se	rvices at the premises:
	Name	Competency/ies	Attainments attached
1			
2			
3			
4			
Com	petency standards:		•
•	HLTIN402C – Maintain infection control HLTIN2A – Maintain Infections Contro	rol standards in office pract ol Standards in Office Prac	tice settings; tice Settings;
Aust	fection control ralian Standards 4815:2006 requires ste alification's at least 12 monthly. Have you		
	Yes $\rightarrow$ Please attach copies of the certific	cate from an accredited ser	rvice department.
	$No \rightarrow You$ are not able to provide higher	risk personal appearance s	services.
	$N/A \rightarrow Only$ single use equipment used.		
PA	RT F Higher Risk Personal	l Appearance Servi	ces
Give	Details of the High Risk Personal Appea	ırance Services undertaker	at the premises.
	BB Glow Treatment		
	Body piercing (other than closed ear or no eyebrow, non-closed ear or nose))	ose piercing. (E.g. navel, ni	ipple, genital, tongue, cheek, lip,
E	Botox, dermal fillers or any other cosmetic	c injectable	
	Collagen induction therapy (CIT) or Direct needling WITH implantation.	t needle therapy (ONT) or s	skin
	Collagen injections		
	Cosmetic tattooing (including the applicat	ion of semi-permanent mal	keup)
	Ear pointing or modification (e.g. elf ears)	and tongue forking or split	ting.
	Hair transplantation that is not considered	d a health service (e.g. perf	ormed for aesthetic reasons)
I	mplanting natural or synthetic substance	s into skin (e.g. hair or bea	ds)
	njection lipolysis or fat dissolving injection	ns	

Mesotherapy or intradermal therapy that is not considered a health service

(e.g. performed for aesthetic reasons)



☐ Microblading
Microlipoinjection
Platelet-rich plasma (PRP) therapy that is not considered a health service (e.g. 'vampire facials')
Scaring or scarification (e.g. use of an instrument to cut or scar skin to make a permanent mark, pattern or design)
Tattooing
Tattoo removal (involving the use of liquid containing injectable products)
Thread lift
Other:
PART G Amendments to Existing Licence
<b>14 Amendment</b> (s) to current licence Give details of proposed amendments. Attach plans if necessary.
PART H Checklist
15 Completion Checklist Required with this Application
Completed and signed application with prescribed fee
2 copies of plans, preferably not larger than A3 of the proposed premises with details e.g. bench surface material, location of hand wash basin etc. should be included.
Copies of Infection Control Qualifications
Copy of latest calibration certification
Attachment relating to suitability statements if answering "yes" to the Declarations below.
Do you have a licence issued in accordance with Tattoo Parlours Act 2013
☐ Yes ☐ No ☐N/A
Note: The Tattoo Parlour Act 2013 passed into law on October 2013. This sets up a licensing system for tattoo operators and Tattooists only from 1 July 2014, you must have a licence to operate as a tattooist issued by the Office of Fair Trading. For further information www.fairtrading.qld.gov.au/regulated-sectors/tattoo/licence



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PO Box 3130, Bundaberg QLD 4670 190 Bourbong Street, Bundaberg QLD 4670 T 1300 883 699 F 4150 5410 E ceo@bundaberg.qld.gov.au W www.bundaberg.qld.gov.au ABN 72 427 835 198

# Declaration & Signature

4KII	Declaration	n & Signature			
	•	ment, declaration	•		
Control for F	Personal Appearai		003 or a cor		nst the <i>Public Health (Infection</i> Australian or foreign law?
	the applicants proceed or refus		her Risk Per	sonal Appea	rance Service Licence that was
☐ No→	Please provide de	etails in an attachm	ent		
the making of	of enquiries and e		ition with aut	horities of ar	e and correct and I consent to ny Local, State/Territory or on.
I am aware t	that it is an offenc	e to knowingly prov	vide false or	misleading ir	nformation.
Full Name of	of Signatory				
Position of	Signatory e.g. O	wner, Manager			
Signature a	nd date				
			/	/20	
		NACNIT.			
PPLICAI	ION LODGE	IVIEN I:			

Applications may	, he l	hanho	as fol	UWG.
Applications ma	v be i	ouueu	as 101	OWS.

ceo@bundaberg.qld.gov.au - scanned copy with signatures only By Email:

By Post: Mail to Bundaberg Regional Council, PO Box 3130, Bundaberg QLD 4670

By Fax: 07 4150 5410 - with signatures only

In person: At your local Customer Service Centre between 8:15 am and 4:45 pm Monday to Friday

Bundaberg Administration Centre, 190 Bourbong Street, Bundaberg

- Childers Service Centre, 45 Churchill Street, Childers

- Gin Gin Service Centre, 4 Dear Street, Gin Gin

BUNDABERG REGIONAL COUNCIL USE ONLY				
ENVIRONMENTAL HEALTH SERVICES				
Entered by H&R Admin				
Licence Number		Total Amount Payable		
CUSTOMER SERVICE				



Receipt Number		Date Paid	
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