

Application for Higher Risk Appearance Services Licensing



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

Guidelines for Personal Appearance Services 2012

Queensland Development Code Mandatory Part 5.2

Purpose

Apply for a higher risk personal appearance service licence to carry out skin penetration procedures. This form is also used when structural changes are being made to premises under an existing licence. To ensure the licence is finalised before operation commences, please allow at least 40 days for the application to be processed and inspections take place.

Type of application

- ☐ Fitting out new fixed or mobile premises
- ☐ Carry out structural changes to an existing premise (current licence number)

Business details

Trading name _____

Date trading will start
(At least 40 days from application) _____

Business phone number _____

Email address _____

Address where activity will be carried out (NOT a post office box)

Address _____

Suburb _____ State _____ Postcode _____

Applicant details

Complete either individual or company as applicable

Individual 1

Full name _____

Position _____

Postal address _____

Suburb _____ State _____ Postcode _____

Contact phone number _____

Email address _____

Individual 2

Full name _____

Position _____

Postal address _____

Suburb _____ State _____ Postcode _____

Contact phone number _____

Email address _____

Corporation / incorporated association

Note: A copy of the company extract which lists the directors of the company **must** be attached (a company or business registration certificate cannot be accepted)

Legal entity name _____

Australian company number _____

Postal address _____

Suburb _____ State _____ Postcode _____

Contact phone number _____

Email address _____

Suitably qualified person. Complete this section if there are new suitably qualified persons

A person must not provide a higher risk personal appearance service unless the person holds an infection control qualification (HLTINF005- Maintain infection prevention for skin penetration treatments). Businesses must have a suitably qualified person before submitting this application. Note: If there are more than two individuals carrying out this activity in this business, please attach an additional page with this information.

Individual 1

Full name _____

Contact phone number _____

☐ Copy of certificate of attainment is attached

Individual 2

Full name _____

Contact phone number _____

☐ Copy of certificate of attainment is attached

Applicant suitability statement

Have you ever had a licence refused, suspended or cancelled, or been found guilty of an offence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or *Health Regulation 1996* or corresponding law in other states or territories?

☐ No

☐ Yes (give details in an attachment)

Business activities

- ☐ Body piercing
- ☐ Implanting natural or synthetic substances into a person's skin, including cosmetic injectables e.g. Botox and fillers, microneedling, hair or bead implants.
- ☐ Scarring or cutting a person's skin using a sharp instrument to make a permanent mark, pattern or design
- ☐ Tattooing
- ☐ Other (please detail): _____

Applicant Declaration

I declare that the information provided on this form and attachments is true and correct in every detail. I understand that the information provided in and accordance with this application may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*. I am aware that it is an offence to knowingly provide false or misleading information.

Signature _____

Print name _____

Date _____

Note:

If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.

Payment options

For current fees, please refer to the Regulatory Services schedule of fees and charges on Council's website.

- ☐ I will pay the applicable fee at Council's Customer Service Centre when submitting my application in person
- ☐ Credit card by phone: (Please provide phone number to call) _____
- ☐ I will pay the applicable fee by cheque when submitting my application via post

Privacy Collection Statement

Townsville City Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which council manages personal information is governed by the *Information Privacy Act 2009*. We are collecting your personal information in accordance with *Public Health (Infection Control for Personal Appearance Services) Act 2003*. The information will be used to process this application for a higher risk personal appearance services licence, update council records, undertake compliance-related actions as necessary, and report to Queensland Health as required. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you give your consent to this disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

Submit the form

- Email enquiries@townsville.qld.gov.au
- Post Return your completed form together with cheque/money order payable to
Townsville City Council, PO Box 1268, TOWNSVILLE CITY QLD 4810
- In person **SERVE Centre - Townsville City**, 103 Walker Street, Townsville City - 8am to 5pm, Monday to Friday
(cash, card, cheque, money order)
SERVE Centre - Citylibraries Riverway, 20 Village Boulevard, Thuringowa Central - 9am to 5pm, Monday to Friday (card only)

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Additional approvals

Receive or apply for these approvals prior to making this application

Planning

Have you ever had a licence refused, suspended or cancelled, or been found guilty of an offence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or *Health Regulation 1996* or corresponding law in other states or territories?

☐ Yes - provide application number:

☐ Not applicable

Plumbing and drainage

Have you ever had a licence refused, suspended or cancelled, or been found guilty of an offence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or *Health Regulation 1996* or corresponding law in other states or territories?

☐ Yes - provide application number:

☐ Not applicable

Trade waste

Have you gained or applied for approval from Council for any grease traps or to release water to the sewer from your business?

☐ Yes - provide trade waste approval number:

☐ My trade waste application is still being assessed, or I have attached written confirmation that my business does not require approval

Building approval

Have you gained approval from a building certifier to ensure your business is a Class 6 building under the Building Code of Australia?

☐ Yes - attach certificate

☐ Not applicable - the building has previously been used for retail purposes

Attached plans

Tick to indicate that you have attached the following plans.

☐ Floor plans drawn to scale not less than 1:50 showing all areas of the premises including treatment areas, storage areas and equipment cleaning areas

☐ Elevations plans drawn to scale not less than 1:50 showing all areas of the premises including treatment areas, storage areas and equipment cleaning areas

☐ Technical reports or other information such as brochures or photos (please describe below):

Plan requirements Refer to the Queensland Development Code MP 5.2, and the Queensland Government's Infection Control Guidelines for *Personal Appearance Services 2012*

Functionality

☐ Tick to indicate if this is shown on plans. Detail the separation of sterile/clean areas and contaminated/dirty areas:

Handwashing

☐ Tick to indicate if this is shown on plans

The hand wash basin/s area to be installed will:

☐ be easily accessible and within 5 metres

☐ have access to liquid soap and paper towels

☐ have hands free tap controls

Number of hand wash basins supplied: _____

Instrument and equipment cleaning facilities

☐ Tick to indicate if this is shown on plans. Detail the separation of sterile/clean areas and contaminated/dirty areas:

☐ Tick to indicate if this is shown on plans. Details of sinks-capacity and number (hot/cold potable water from a single spout):

Linen and clothing-laundry and storage

☐ Tick to indicate if this is shown on plans

Flooring and coving

Materials used: _____

Surface/finish: _____

Colour: _____

Walls

Materials used: _____

Surface/finish: _____

Colour: _____