

APPLICATION FOR HIGHER RISK PERSONAL APPEARANCE SERVICES LICENCE

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.
Reason for application	<input type="checkbox"/> Fitting out new fixed or mobile premises <input type="checkbox"/> Carry out structural changes to an existing premise (current licence number) _____
Applicant details Complete either individual or corporation as applicable	Individual 1 Full name _____ Postal address _____ Suburb _____ State _____ Post code _____ Contact phone number _____ Email address _____ Individual 2 Full name _____ Postal address _____ Suburb _____ State _____ Post code _____ Contact phone number _____ Email address _____ Corporation/ incorporated association Note: A copy of the company extract that lists the directors MUST be attached (a company registration certificate cannot be accepted) Legal entity name _____ Australian company number _____ Postal address _____ Suburb _____ State _____ Post code _____ Contact name _____ Contact phone number _____ Email address _____
Business details	Trading name _____ Intended date to start trading (at least 40 days from application) _____ Business address where activity will be carried out OR where the vehicle will be housed: Note: This address cannot be a post office box _____ Suburb _____ State _____ Post code _____ Business phone number _____

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Suitably qualified person Complete this section if there are new suitably qualified persons	<p>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.</p> <p>Individual 1</p> <p>Full name _____</p> <p>Contact phone number _____</p> <p><input type="checkbox"/> Copy of certificate of attainment is attached</p> <p>Individual 2</p> <p>Full name _____</p> <p>Contact phone number _____</p> <p><input type="checkbox"/> Copy of certificate of attainment is attached</p>
Applicant suitability	<p>Have you ever had a licence refused, suspended or cancelled, or been found guilty of an offence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or <i>Health Regulation 1996</i> or corresponding law in other states or territories?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – give details in an attachment</p>
Business activities	<p><input type="checkbox"/> Body piercing</p> <p><input type="checkbox"/> Implanting natural or synthetic substances into a person’s skin, including hair or beads</p> <p><input type="checkbox"/> Scarring or cutting a person’s skin using a sharp instrument to make a permanent mark, pattern or design</p> <p><input type="checkbox"/> Tattooing</p> <p><input type="checkbox"/> Other (please detail) _____</p>
Additional approvals Receive or apply for these approvals prior to making this application	<p>PLANNING</p> <p>Have you gained town planning approval for your business from Council?</p> <p><input type="checkbox"/> Yes. Provide application number _____</p> <p><input type="checkbox"/> Not applicable</p> <p>PLUMBING AND DRAINAGE</p> <p>Have you gained approvals for any new plumbing or drainage installed in your business?</p> <p><input type="checkbox"/> Yes. Provide application number _____</p> <p><input type="checkbox"/> Not applicable</p> <p>TRADE WASTE</p> <p>Have you gained or applied for approval from Council for any grease traps or to release water to the sewer from your business?</p> <p><input type="checkbox"/> Yes. Provide trade waste approval number _____</p> <p><input type="checkbox"/> My trade waste application is still being assessed, or I have attached written confirmation that my business does not require approval</p>

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Additional approvals continued	<p>BUILDING APPROVAL</p> <p>Have you gained approval from a building certifier to ensure your business is a Class 6 building under the Building Code of Australia?</p> <p><input type="checkbox"/> Yes—attach certificate</p> <p><input type="checkbox"/> Not applicable – the building has previously been used for retail purposes</p>
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Attached plans	<p>Tick to indicate that you have attached the following plans.</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Technical reports or other information such as brochures or photos (please describe below)</p> <p>_____</p>
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<p>Plan requirements</p> <p>Refer to the <i>Queensland Development Code MP 5.2</i>, and the <i>Queensland Government's Infection Control Guidelines for Personal Appearance Services 2012</i></p>	<p>FUNCTIONALITY</p> <p><input type="checkbox"/> Tick to indicate if this is shown on plans</p> <p>Detail the separation of sterile/clean areas and contaminated/dirty areas</p> <p>_____</p> <p>_____</p> <p>HANDWASHING</p> <p><input type="checkbox"/> Tick to indicate if this is shown on plans</p> <p>The hand wash basin/s area to be installed will:</p> <ul style="list-style-type: none"> <input type="checkbox"/> be easily accessible <input type="checkbox"/> have access to liquid soap and paper towels <input type="checkbox"/> have hands free tap controls <input type="checkbox"/> have hot water supplied. <p>Number of hand wash basins supplied _____</p> <p>INSTRUMENT AND EQUIPMENT CLEANING FACILITIES</p> <p><input type="checkbox"/> Tick to indicate if this is shown on plans</p> <p>Details of sinks—capacity and number (warm potable water from a single spout)</p> <p>_____</p> <p>_____</p> <p>LINEN AND CLOTHING—LAUNDRY AND STORAGE</p> <p><input type="checkbox"/> Tick to indicate if this is shown on plans</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Plan requirements continued	<p>FLOORING AND COVING Materials used _____ Surface/finish _____ Colour _____</p> <p>WALLS Materials used _____ Surface/finish _____ Colour _____</p> <p>CEILING Materials used _____ Surface/finish _____ Colour _____</p>
Applicant declaration	<p>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 <i>Right to Information Act 2009</i> and the <i>Evidence Act 1977</i>. I am aware that it is an offence to knowingly provide false or misleading information.</p> <p>Signature _____ Date _____</p> <p>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.</p>
Payment Payment must be made prior to assessment being undertaken	<p><input type="checkbox"/> In person: Customer Service Centres are located at:</p> <ul style="list-style-type: none">» 103 Walker Street, Townsville City (Cash, cheque, EFTPOS and/or credit card (Mastercard or Visa)).» CityLibraries Thuringowa, 86 Thuringowa Drive, Thuringowa Central – card payments only. <p><input type="checkbox"/> Cheque <input type="checkbox"/> in person <input type="checkbox"/> Post</p> <p><input type="checkbox"/> Credit card by phone: (Provide phone number to call) _____ (Visa or MasterCard payments are subject to a 0.5% payment processing fee.)</p>
Privacy collection statement	<p>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 <i>Information Privacy Act 2009</i>. We are collecting your personal information in accordance with <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>. 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.</p>
Submit the form	<p>Email: enquiries@townsville.qld.gov.au</p> <p>Mail: Townsville City Council, PO Box 1268, TOWNSVILLE CITY QLD 4810.</p> <p>In person: Customer Service Centres are located at:</p> <ul style="list-style-type: none">» 103 Walker Street, Townsville City» CityLibraries Thuringowa, 86 Thuringowa Drive, Thuringowa Central.