

AMEND OR TRANSFER A HIGHER RISK PERSONAL SERVICES LICENCE

Public Health (Infection control for personal appearance services) Act 2003
Infection Control Guidelines for Personal Appearance Services 2012



Purpose	Apply to amend or transfer a higher risk personal service licence to carry out skin penetration procedures.
Reason for application	<input type="checkbox"/> Amend an existing licence (current licence number) _____ <input type="checkbox"/> Transfer of licensee for an existing licence (current licence number) _____
Applicant details Complete either individual or company 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 number _____ Email address _____
Business activities	<input type="checkbox"/> Body piercing <input type="checkbox"/> Implanting natural or synthetic substances into a person's skin, including hair or beads <input type="checkbox"/> Scarring or cutting a person's skin using a sharp instrument to make a permanent mark, pattern or design <input type="checkbox"/> Tattooing <input type="checkbox"/> Other (please detail) _____

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Business details

Trading name _____

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 _____

Business email address _____

Suitably qualified person

Complete this section if there is a change in suitably qualified persons.

If there are more than two individuals carrying out this activity in this business, please attach an additional page with this information.

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.

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

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Licence amendment

Complete if you are seeking an amendment

NEW business trading name _____

NEW business details (NOT a post office box)

Address _____

Suburb _____ State _____ Post code _____

Business phone number _____

Email _____

Apply to change condition on licence

Change a licence condition

Remove a licence condition

If you are applying to change a licence condition on a current licence, please include details of the proposed changed and provide a reason why you wish to change this condition.

Licence condition number and description _____

Reason for amendment _____

Other (describe) _____

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Licence transfer– applicant suitability Complete if there is a transfer of licensee	Have you ever had a licence refused, suspended or cancelled, or been found guilty of an offence under <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? <input type="checkbox"/> No <input type="checkbox"/> Yes – give details in an attachment
Transfer date Complete if there is a transfer of licensee	Intended date to start trading (at least 40 days from submission) _____
Transfer of licensee Complete either individual or corporation declaration if there is a transfer of licensee	<p>The existing licensee (from whom the licence is being transferred) must complete this section.</p> <p>Individual – existing licensee If more than one previous licensee, each licensee surrendering their licence must complete this section. Attach additional copies if needed.</p> <p>From (date) _____, I declare that I am no longer the operator (licensee) of the above-mentioned business and wish to be removed as a licensee.</p> <p>Signature _____ Date _____</p> <p>Full name _____</p> <p>Contact phone number _____</p> <p>Email address _____</p> <p>Postal address _____</p> <p>Suburb _____ State _____ Post code _____</p> <p>Corporation/ incorporated association – existing licensee 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> <p>From (date) _____, I declare that I am no longer the operator (licensee) of the above-mentioned business and wish to be removed as a licensee.</p> <p>Signature _____ Date _____</p> <p>Position title _____</p> <p>Legal entity name _____</p> <p>Australian company number _____</p> <p>Contact name _____</p> <p>Contact number _____</p> <p>Email address _____</p> <p>Postal address _____</p> <p>Suburb _____ State _____ Post code _____</p>

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Applicant declaration	<p>I declare that the information provided on this form and any attachments is true and correct in every detail. I understand that the information provided in and accordance with this application may be disclosed publicly under 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 to amend or transfer a higher risk personal appearance services licence, update our records, inform any compliance related activities, 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.