

Application for a Higher Risk Personal Appearance Services Licence 2020/21 Fixed and Mobile Premises

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

All required sections must be full completed and required documentation submitted with this application. An incomplete application will not be accepted and will delay assessment. PLEASE NOTE: It can take a minimum of 40 days to assess a completed application.

1. What are you applying for?

New Licence	<input type="checkbox"/>	Transfer Licence	<input type="checkbox"/>
Amendment to Licence	<input type="checkbox"/>	Suitability of Premises Assessment	<input type="checkbox"/>
Note: Plans and specifications must be provided for new premises, amendments to premises or where plans have not previously been supplied.			

2. Applicant's Details

Who is making this application?	Individual		<input type="checkbox"/>	Go to Section 2A
	Corporation / Incorporated Association		<input type="checkbox"/>	Go to Section 2B
2A Individual	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Applicant Name	First/Given Name (s):		Last/Family Name:	
Trust Name <i>(if applicable) as trustee for</i>				
ABN <i>Attach copy of ABN</i>				
Contact Number/s	Phone Number:		Mobile Number:	
Contact Email			<input type="checkbox"/>	<i>Tick to opt-in for postal notifications regarding future renewal notices / reminders</i>
Residential Address				
Postal Address				

2B Corporation / Incorporated Association*				
Name				
Trust Name <i>(if applicable) as trustee for</i>				
ABN <i>Attach copy of ABN</i>	Director Names*:			
Contact Name				
Contact Number/s	Phone Number:		Mobile Number:	
Contact Email			<input type="checkbox"/>	<i>Tick to opt-in for postal notifications regarding future renewal notices / reminders</i>
Registered Address				
Postal Address				

3. Business details

Business Trading Name:				
Are you taking over an existing/previous Business?	Yes <input type="checkbox"/>	Current Business Name:		
	No <input type="checkbox"/>	Current Licence Number:		
Preferred Contact Person:				
Preferred Contact Number/s:	Phone Number:		Mobile Number:	
Proposed start date*:				
Hours of Operation: <i>(Provide days and times)</i>				
*Note: You cannot lawfully operate a High Risk Personal Appearance Service until you have received your licence from Council.				

Premises Operation and Fit- Out (*Suitability Assessment*)

A copy of layout plans, sectional elevations and hydraulic plans of the premises or vehicle to be drawn to a scale of not less than 1:100 must be submitted for approval. Such plans must satisfy the performance criteria and acceptable solutions specified in the Queensland Development Code, MP 5.2 - Higher Risk Personal Appearance Services. A copy of MP 5.2 is available at <http://www.hpw.qld.gov.au>.

4. Premises Details

Fixed Premises Address:		Lot #:	Plan:
Mobile Premises – Vehicle Details:	Vehicle Make:		
	Vehicle Model:		
	Vehicle Registration #:		
	Garaging Address:		

Where your proposal involves new or altered structures you may require planning, building, plumbing and/or trade waste approvals. It is your responsibility to ensure all relevant approvals are obtained prior to operating. Contact the relevant departments via Council's Customer Service Centre on 1300 69 22 47 to determine which approvals you need.

If you have already obtained these approvals, please provide the council reference numbers below:

Building approval (tenancy fit-out) number:	
Plumbing approval number:	
Trade waste approval number	
Documentation that the plans have been certified by a building certifier (<i>For compliance with Qld Development Code MP5.2</i>):	

5. Have you contacted Council's Development Services Unit to ensure you can lawfully operate from the premises?

Yes <input type="checkbox"/>	Please provide Development Approval #: or Planning advice received (reference #):
No <input type="checkbox"/>	Contact Council's Planner of the Day on 1300 69 22 47 before proceeding further

6. Are you operating from an Existing Premises?

Yes <input type="checkbox"/>	Do you intend to make any alterations to existing fit out of the premises? Yes <input type="checkbox"/> Assessment of Suitability will be required (ensure your plans fully reflect the alterations) No <input type="checkbox"/> Continue to question 8
No <input type="checkbox"/>	New Assessment of Suitability is required

7. Plans – Required Details to Include:

<input type="checkbox"/> Dirty/contaminated zone with utensil cleaning sink <input type="checkbox"/> Location of instrument washers and sterilisers <input type="checkbox"/> Clean zone with hand wash basin <input type="checkbox"/> Location of all benches, beds, equipment trolleys, storage cupboards etc	<input type="checkbox"/> Location of internal and external waste storage <input type="checkbox"/> Finishes and materials of surfaces of floors, walls, ceiling benches and cupboards <input type="checkbox"/> Pictures and link of equipment specifications can also be submitted
<i>Note: You must also incorporate the operational requirements of the Infection Control Guidelines for Personal Appearance Services which is available at https://www.health.qld.gov.au/ph/documents/cdb/infectioncontrolguide.pdf</i>	

8. Plans – Required Information to Include:

<input type="checkbox"/> Specifications of instrument washers, sterilisers and autoclave equipment <input type="checkbox"/> Specifications of hand wash basin (internal dimensions, type of tap) and clean sink (internal dimensions, hot and cold water)	<input type="checkbox"/> Method of waste collection and disposal for both general waste and sharps <input type="checkbox"/> Storage for soiled and clean linen and proposed cleaning methods <input type="checkbox"/> Infection Control Plans (e.g. methods of sterilisation/cleaning)
<i>Note: For changes to existing premises, please provide a copy of the existing floor plan and the proposed floor plan.</i>	

9. Higher Risk Activity Details

Activity(s) to be conducted at your premises – please tick

<input type="checkbox"/> Tattooing <input type="checkbox"/> Semi-permanent Make-up <input type="checkbox"/> Body Piercing (excluding closed ear/nose piercing) <input type="checkbox"/> Tattoo removal via under skin injection <input type="checkbox"/> Cutting <input type="checkbox"/> Skin implanting (beads, hair) / other	<input type="checkbox"/> Tongue Forking or Splitting <input type="checkbox"/> Ear pointing or modification <input type="checkbox"/> Scarification <input type="checkbox"/> Tattoo removal via under skin injection <input type="checkbox"/> Other skin penetration not specified
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10. Infection Control Personnel and Qualifications (mandatory)

New Competency standard:

Each person who performs tattooing, body piercing and other skin penetration must hold a:

- HLTINF005 – Maintain infection prevention for skin penetration treatments' qualification.
This course is available from a number of registered training organisations, for more information visit: training.gov.au.

Previous Competency standards, which are currently still accepted:

- HLTIN2A – Maintain infection control Standards in Office Practice Settings; OR
- HLTIN402B – Maintain Infection Control in Office Practice Settings.

Please Note:

People who personally provide higher risk personal appearance services must achieve either or both of the above competency standards. These competencies are approved by the Ministerial Council for Vocational & Technical Education. Business proprietors or higher risk services must ensure people they employ or use to provide services achieve these competency standards prior to providing higher risk personal appearance services.

List all persons carrying out personal appearance services at the premises. You need to provide copies of your employee's statement of attainment, before starting your business.

Names of **all** persons conducting higher risk personal appearance services at the premises:

Name	Competency/ies achieved – see below	*Statement of attainment attach
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>

11. Applicant Suitability Statement

Has the applicant ¹ been convicted (or found guilty) of any of the following offences ² ?	An indictable offence (<i>drink driving and minor traffic offences are not indictable offences</i>)	Yes* / No
	An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law ³	Yes* / No
	An offence against the <i>Health Act 1937</i> or another State or Commonwealth law regulating the same subject matter as that Act	Yes* / No
	An offence, relating to the provision of higher risk personal appearance services, against another State, Commonwealth 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
Has the applicant been refused a licence under the Public Health (Infection control for Personal Appearance Services) Act 2003, or a licence or registration under a corresponding law including the Tattoo Parlour Act 2013?		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 an application for the registration of an establishment suspended or cancelled under the Health Regulation 1996?		Yes / No
*Note: Provide details and circumstances of ALL applicants, including individuals, executive officers of corporations, or members of incorporated association's management committee.		

¹ Includes a corporation's executive officer.

² You are not required to give details of convictions for which the rehabilitation period under the Criminal Law (rehabilitation of Offenders) Act 1986 has expired and is not revived under section 11 of that Act.

³ A "corresponding law" is an Australian or foreign law that provides, or provided, for the same matters as the Public Health (infection Control for Personal Appearance services) Act 2003.

12. Licence Amendment details

(Only complete if an amendment application; application declaration must also be completed)

Business Name:		
Health Licence Number:		
Details of Amendment: * <i>(Please attach further details if required)</i>		
* Note: You should provide as much information as possible regarding the amendment. Depending on the nature of your request, further information or applications(s) may be required. If this is the case, you will be contacted and advised of these requirements.		

13. Transfer Application – Existing licensee details

(Completed by existing Licensee; applicant declaration must also be completed)

I/We being the current holder(s) of the licence, the particulars of which are set out in this application form, hereby consent to the transfer of that licence to the persons described above.		
Existing licence no:	Date licence current to:	
Trading name on licence:		
Licensee name(s)		
Date of settlement:	Phone:	Mobile:
Signature:		Date:

14. Applicant Declaration

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.

I declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

I am aware that it is an offence to knowingly provide false or misleading information. I am also aware that it is an offence to commence operating a higher risk personal appearance services business without an approved licence.

Name of Individual / Organisation	
Name of Signatory <i>If applicant is an organisation</i>	
Position <i>Proprietor, Director, Manager etc.</i>	
Signature	
Date	

15. Fee Schedule

All licences expire annually on 30th September

New licence	\$364	Amendment to licence	\$182
Transfer of licence	\$182	Suitability of Premises Assessment	\$364

OFFICE USE ONLY Receipt Type T 163 New T80 Existing			
Fee:	Receipt #	Date:	Officer Name:

Cairns Regional Council – Information Privacy Statement

Your personal information has been collected for the purpose of assessing your application. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.