

Application for Licence to Carry On Business Providing Higher Risk Personal Appearance Services

Public Health (Infection Control for Personal Appearance Services)

Act 2003

Section 30



www.rockhamptonregion.qld.gov.au

Enquiries: 1300 22 55 77

Address: PO Box 1860, Rockhampton

PRIVACY NOTICE: Rockhampton Regional Council is collecting the personal information you supply on this form for assessing the application for operation of a licensable premises. The Council is authorised to do this under the *Public Health (Infection Control Personal Appearance Services) Act 2003*. Some of this information may be given to other Queensland Local Government authorities to notify of existing approvals. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

This form is to be used when applying for a licence to carry on a higher risk personal appearance services business. The details provided are used to enable Council to decide whether the applicant is a suitable person to hold a licence and if the premises from which the business is to be carried on are suitable for carrying on the business. All plans must be to a scale no smaller than 1:50 and be provided in duplicate.

APPLICANT DETAILS

Applicant's Name (*Corporation, other entity*)

Manager's Name

Applicant's Address (*Other entity*)

Address of Registered Office (*Corporation*)

Postal Address

Contact Phone

List the names of corporation's directors (*if applicable*):

PREMISES DETAILS

Trading Name

Type of Premises (*Fixed or Mobile*)

Address of Fixed Premises (*If applicable*)

Address Where Mobile Premises is Kept (*If applicable*)

If a mobile premises, describe the premises and include the registration number if the premises is a vehicle that requires registration:

CHECKLIST

Please use the following checklist to ensure that you have attached copies of all necessary documents for Council to review your application and to decide the application. All plans must be to a scale of no smaller than 1:50 and comply with the Queensland Development Code Part 15.

- Statement of Attainment of each proposed operator for the competency of HLTIN402-B Maintain Infection Control Standards in Office Practice Settings
- Technical data and validation documentation (where applicable) for any equipment, including sterilisers
- 2 copies of each of the following plans:
 - Premises layout detailing:
 - Details, position, and size of all plumbing fixtures
 - Details of the separation of dirty and clean areas
 - Details of all surface finishes

DECLARATION

Please tick (✓) boxes where relevant

	No	Yes
a) Does the applicant or an executive officer, if applicant is a corporation, have a conviction for a relevant offence other than a spent conviction?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the applicant or an executive officer, if applicant is a corporation, held a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a licence or registration under a corresponding law that was suspended or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
c) Has the applicant or an executive officer, if applicant is a corporation, been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a licence or registration under a corresponding law?	<input type="checkbox"/>	<input type="checkbox"/>
d) Has the applicant or an executive officer, if applicant is a corporation, had an applicant for registration of an establishment refused under the <i>Health Regulation 1996</i> , part 15?	<input type="checkbox"/>	<input type="checkbox"/>
e) Has the applicant or an executive officer, if applicant is a corporation, held a registration of an establishment under the <i>Health Regulation 1996</i> , part 15, that was suspended or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
f) Will the <i>Infection Control Guidelines</i> be followed? If No, attach details of the processes that do not comply.	<input type="checkbox"/>	<input type="checkbox"/>
g) Do all persons providing the higher risk personal appearance service have infection control qualifications? If No, please contact Council. Any person not holding the required qualifications is not able to perform the service and your premises may not be able to operate.	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked Yes for any of the questions from a) to e) or ticked No to question f) please provide information detailing why this is the case and attach it to this application. Information Attached

I hereby apply for a higher risk personal appearance services licence as detailed in this application and tender the prescribed fee and supporting documentation where required. I understand it is an offence under s.63 and s.64 of the *Public Health (ICPAS) Act 2003* to make a false or misleading statement or to provide false or misleading documents. I acknowledge that this licence will expire on the 30th June immediately following this application.

Applicant's Name (*Corporation, Other entity*)

Contact Phone




Name of Signatory (*If Corporation*)

Position of Signatory

Signature

Date

PAYMENT OPTIONS

	Forms with cheques/money orders made payable to Rockhampton Regional Council can be posted to: Chief Executive Officer Rockhampton Regional Council PO Box 1860 ROCKHAMPTON QLD 4700
	Forms can be submitted and payment made in person at any Rockhampton Regional Council Customer Service Centre: Gracemere: 1 Ranger Street Mount Morgan: 32 Hall Street Rockhampton: 232 Bolsover Street Yeppoon: 70 Anzac Parade
	Payment can be accepted over the phone if paying by MasterCard or Visa. Call the Rockhampton Regional Council Customer Service Centre on 1300 22 55 77. Payment will only be taken if the completed documentation has been forwarded to Council.

OFFICE USE ONLY	Date Received:	Receipt #:	Application Fee: \$	GST Exempt
	Customer Service Officer:			