



Application for Skin Penetration Registration

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

Privacy Notice: Mackay Regional Council is collecting this information in order to process your Application. Please be advised that Council under Legislation may be required to provide your details to a relevant State Department/Agency when requested or to a collection agency that has been employed by Council for the recovery of unpaid fees. In all other circumstances, this information will only be disclosed to a third party with your written authorisation or as required by law.

P: 1300 622 529 | **E:** council@mackay.qld.gov.au | **F:** 07 4944 2400 | PO Box 41 Mackay QLD 4740 | **ABN:** 56 240 712 069
CS Centres: Mon-Fri, 8:30am-4:30pm | Civic Precinct, Gordon St, Mackay | 65 Broad St, Sarina | 20 Victoria St, Mirani

For your application to be assessed you must:

- Complete all relevant sections;
- Provide all supporting information referred to on this form; and
- Submit with the relevant fee.

Contact council if you have any specific enquiries regarding fees or how to complete this form. Please type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

SECTION A – APPLICATION TYPE

NEW APPLICATION *(note: change of location requires a new application)*

Complete **SECTIONS B, C, E, F, G, and I** and provide supporting information.

AMENDMENT *(e.g. change to operation / layout)*

Complete **SECTIONS B, C, E, F, G, and I** and provide supporting information.

TRANSFER

Complete **SECTIONS B, C, D, E, F, G and I**.

SECTION B – APPLICANT DETAILS

Title: Mr Mrs Ms Miss Other:

Family Name: Given Name/s:

Postal Address:

Suburb: Post Code:

Home Phone: Mobile:

Email:

If there is more than one applicant, please fill in the details of the second applicant here.

Title: Mr Mrs Ms Miss Other:

Family Name: Given Name/s:

Postal Address:

Suburb: Post Code:

Home Phone: Mobile:

Email:

SECTION C – BUSINESS DETAILS

Trading Name: ABN:

Trading Address:

Suburb: Post Code:

Real Property Description (Lot/Plan):

Business Phone: Business Fax:

Postal address where you can receive legal documents.

Postal Address:

Suburb: Post Code:

Contact person for business if not the applicant and/or if the applicant is a company.

Contact Person: Position:

Contact Phone: Email:

SECTION D – TRANSFER OF APPROVAL

Current licence holder's full name and signature is required if transferring approval.

- I consent to the transfer of this skin penetration approval _____ to the applicant in this application.

Current Licence Holder:

Signature:

Date:

SECTION E – OPERATION DETAILS

Type of skin penetration activity provided (tattooing, body piercing, scarring or cutting, implants – natural or synthetic):

Proposed sterilisation method:

Proposed waste disposal method (including sharps):

SECTION F – INFECTION CONTROL QUALIFICATIONS

Note: all staff **must** have the required infection control qualification. If you answer yes, please attach copies of the Statement of Attainment.

Do all persons providing higher risk personal appearance services have the required infection control qualifications? Yes No

SECTION G – SUITABILITY OF PERSON TO HOLD A LICENCE

If you answer yes to any of these questions, please attach details.

Have you ever been convicted or found guilty of an indictable offence? Yes No

Have you ever been convicted or found guilty of an offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003, Health Act 1937* or corresponding Australian or foreign law? Yes No

Have you ever had a Licence or Licence & Registration under the *Public Health (Infection Control for Personal Appearance Services) Act 2003, Health Act 1937* or a corresponding Australian or foreign law, cancelled, suspended or refused? Yes No

SECTION H – ATTACHMENTS

Please provide:

- Two (2) copies of the proposed plans (drawn to scale of not smaller than 1:100) showing:
 - Detailed floorplan, including dimensions of the layout and location of all fixtures and fittings;
 - Elevations of any cupboards/benches;
 - Description of all finishes on all floors, walls, ceilings, cupboards and benchtops;
 - Documentation providing relevant information on all fixtures and fittings;
 - Information on sterilising equipment;
 - Identification of areas used to store sterile equipment and contaminated items; and
 - Details on waste storage and removal.
- If this application is to amend an existing licence, please detail – in writing – how you wish to amend your current licence. For changes to layout/renovations, plans of these changes/renovations must also be provided.
- Infection control qualifications – Statement of Attainment.

SECTION I – APPLICANT CHECKLIST & DECLARATION

Copies of proposed plans attached

Infection control State of Attainment attached

- I declare the information provided in this application to be true and correct.
- I am aware that it is an offence to knowingly provide false or misleading information.

Applicant Name:

Signature:

Date:

PAYMENT OPTIONS

For a complete list of fees and charges, please refer to council's [Fees and Charges](#).

CREDIT CARD | We accept Visa or MasterCard. We do not accept American Express.

CHEQUE | Make your cheques payable to Mackay Regional Council.

CASH OR EFTPOS | You can pay at any of Council's Customer Service Centres.

OFFICE USE ONLY

Reference number: LC/H&RS/PP	Date:	Amount:
File number:	Receipt number:	Cashier: