

| Applicant Details | | | |
|-------------------|--------|----------|--|
| Full Name | | | |
| Street Address | | | |
| Suburb | | Postcode | |
| Postal Address | | | |
| Suburb | | Postcode | |
| Telephone | Work | | |
| | Home | | |
| | Mobile | | |
| Email | | | |

| Business Details | | | |
|------------------|------|----------|--|
| Trading Name | | | |
| ABN/ACN | | | |
| Street Address | | | |
| Suburb | | Postcode | |
| Postal Address | | | |
| Suburb | | Postcode | |
| Telephone | Work | | |
| Email | | | |

| Procedure Details (please tick all that apply) | | | |
|--|--|---------------|------------------------------------|
| Critical Procedures | <input type="checkbox"/> Tattooing | Semi-Critical | <input type="checkbox"/> Waxing |
| | <input type="checkbox"/> Cosmetic Tattooing | | <input type="checkbox"/> Tweezing |
| | <input type="checkbox"/> Body Piercing | | <input type="checkbox"/> Threading |
| | <input type="checkbox"/> Acupuncture | | <input type="checkbox"/> Shaving |
| | <input type="checkbox"/> Electrolysis | | <input type="checkbox"/> Manicures |
| | <input type="checkbox"/> Lancing | | <input type="checkbox"/> Pedicures |
| Non-Critical | <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Solarium/ Spray Tanning <input type="checkbox"/> Facials | | |
| | Other (please specify) | | |
| | <hr/> <hr/> | | |

| Application Checklist | |
|--------------------------|---|
| <input type="checkbox"/> | I have read and understood the <i>Health (Skin Penetration Procedure) Regulations 1998</i> and the Skin Penetration Code of Practice |
| <input type="checkbox"/> | I have attached a copy of my business registration issued by the Australian Securities & Investment Commission (ASIC) |
| <input type="checkbox"/> | I have attached plans of the proposed premises with this application (this application will not be processed without detailed plans) |
| | Details required in plans (minimum): <ul style="list-style-type: none"> <input type="checkbox"/> Skin penetration procedures area <ul style="list-style-type: none"> o Floor/wall coverings o Equipment and furniture covering/ finishing <input type="checkbox"/> Location of hand wash basins (hands free type, hot and cold water through single outlet) <input type="checkbox"/> Workspace/ preparation area (separate from treatment area - where appliances are stored e.g. autoclave) <ul style="list-style-type: none"> o Locations of two (minimum) sinks - handwashing & equipment washing o Equipment and surfaces covering/ finishing <input type="checkbox"/> General waste and medical waste receptacles <input type="checkbox"/> Laundry facilities (if in-house) |

| | | |
|---|-----------|--|
| <input type="checkbox"/> I have been granted Planning Approval and obtained a Building Permit for this development (DA/BP Number _____) | OR | <input type="checkbox"/> I have confirmation from the Town's Planning Department and Building Department that the proposed use does not require Planning Approval or a Building Permit |
|---|-----------|--|

Details of Proposed Operations

1. Is the hand wash basin of hands-free operation with a single outlet of warm water? Yes No
2. Has a liquid soap dispenser and single-use paper towel dispenser been installed? Yes No
3. Do you provide refreshment (e.g. tea, coffee, biscuits) to customers? _____
4. Personal protective clothing used: Gloves Eye protections Aprons/ gowns Face masks
5. Sharps container: AS 4031 compliant Company used for sharps disposal? _____
6. Please outline how the following processes are undertaken?

- Equipment sterilization

- Skin preparation

- Laundering (onsite or offsite)

- Cleaning and maintenance (attach cleaning schedule if necessary)

Declaration:

I, the person making this application, declare that the information contained in this application is true and correct in every particular.

Name _____ Signature _____

Date / /