

# 2024/25 Application for Skin Penetration Establishment

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

### IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Public Health (Infection Control for Personal Appearance Services) Act 2003*. The personal information collected on this form will be used to administering the act. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to Queensland Health for the purpose of administering the act. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

### Application for Registration of a Skin Penetration Establishment

If you have any specific enquiries regarding how to complete this form or applicable fees please contact Western Downs Regional Council on 1300 268 624. Please complete this application in BLOCK **LETTERS** and **tick boxes where** applicable. If a question does not apply, please indicate by writing "n/a".

#### Applicant/s Details:

Applicant Name: \_\_\_\_\_  
Applicant Position: \_\_\_\_\_  
  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Business Details:

Company or Trading Name: \_\_\_\_\_  
ACN: \_\_\_\_\_ Health Number: \_\_\_\_\_  
Postal Address 1: \_\_\_\_\_  
Postal Address 2: \_\_\_\_\_  
Business Ph.: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Home Ph.: \_\_\_\_\_ Home Fax: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

#### Premises Details:

Shop Name: \_\_\_\_\_  
Street Address of premises: \_\_\_\_\_  
\_\_\_\_\_  
Business Ph.: \_\_\_\_\_ Business Fax: \_\_\_\_\_

State the process or processes involving the penetration of the skin of living human beings, which is or are intended to be carried out in the establishment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Lodgement:

Please include plans drawn to scale, not smaller than one to one hundred (1:100) of the proposed premises and details of furniture & fittings. On completion of this application, please **forward it, the** required supporting documentation and your application fee to **Council at the address on the front of this form.**

**Please Note: This application MUST be lodged with Council**

#### Office Use Only

Application Fee:	\$242.50	Licence Fee:	\$191.50
EH No.:		Receipt No.:	
Assessment No.:		Date:	
Initials:			

