

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

Higher risk personal appearance services includes body piercing, tattooing, scarring or cutting the skin to make a permanent mark and implanting synthetic substances into the skin.

If you have any specific enquiries regarding how to complete this form please contact council's Healthy Places Unit.

1. Applicant (Licensee) details			
Licensee holder type	<input type="checkbox"/> Corporation	<input type="checkbox"/> Incorporated association	<input type="checkbox"/> Individual / other entity
Name A business name, trust, shop name, partnership or unincorporated company is not considered a legal entity			ABN
Given Name		Date of birth	
Registered address (for correspondence)			
Suburb		State	Postcode
Business phone		Alternate phone	Mobile
Email			
Preferred method of contact for correspondence		<input type="checkbox"/> Email	<input type="checkbox"/> Post
For a corporation or incorporated association, provide details of all directors or management committee members below:			

**Please attach an additional sheet if the directors or management committee members do not fit.*

2. Business details			
Trading name		Opening/settlement date	
Postal address (for licence correspondence)			
Suburb		State	Postcode
Preferred contact person			
Business phone		Alternate phone	Mobile
Email address		Fax	
Proposed opening date			
Previous trading name (new licensee only)			

3. Premises details				
Fixed premises				
Lot no	Plan no	Property No	Shop no	Street no
Street		Suburb		Postcode
Mobile operations				
Vehicle details	Make	Model	Registration no	
Garaging address	Street no	Street		Postcode
	Suburb			

Privacy
Council will use any personal information provided by you for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the Local Government Act 2009 and other Local Government Acts. Your personal information is only accessed by persons authorised to do so. Council may provide information about you to any relevant Queensland State Department. Your personal information is dealt with in accordance with council's privacy policy.

www.sunshinecoast.qld.gov.au | mail@sunshinecoast.qld.gov.au | T 07 5475 7272 F 07 5475 7277

Postal address Locked Bag 72 Sunshine Coast Mail Centre Qld 4560 | ABN 37 876 973 913

Caloundra office 1 Omrah Avenue Caloundra Qld 4551

Maroochydore office 10 First Avenue Maroochydore Qld 4558

Nambour office Corner Currie and Bury Streets Nambour Qld 4560

4. Development & building assessment

Where your proposal involves new or altered structures you may require planning, building, plumbing 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 and Unity Water in relation to trade waste, to determine which approvals you need. If you have already obtained these approvals, please provide the council reference numbers below:

- Development approval number: _____
- Building approval (tenancy fit-out) number: _____
- Plumbing approval number: _____
- Trade waste approval number: _____

A licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003* does NOT constitute approval of other aspects of your operation.

5. Premises operation and fit-out

Two copies 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 are to 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>

Required details in plans to include:-

- Dirty/contaminated zone with utensil cleaning sink
- Location of instrument washers and sterilisers
- Clean zone with hand wash basin
- Location of all benches, beds, equipment trolleys, storage cupboards, etc
- Finishes and materials of surfaces of floors, walls, ceiling, benches and cupboards
- Location of internal and external waste storage

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/infectcontrolguide.pdf>

Required information to include:-

- Specifications of instrument washers and sterilisers
- Specifications of hand wash basin (internal dimensions, type of tap) and clean sink (internal dimensions, hot and cold water)
- Infection Control Plans (e.g. methods of sterilisation and cleaning)
- Method of waste collection and disposal for both general waste and sharps
- Storage for soiled and clean linen and proposed cleaning methods

For changes to existing premises, please provide one copy of the existing floor plan and two copies of the proposed floor plan.

6. Higher risk activity details

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

- | | |
|---|--|
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Skin implanting (beads, hair) / other |
| <input type="checkbox"/> Semi-permanent Make-up | <input type="checkbox"/> Other skin penetration activity e.g. scarring, cutting, etc |
| <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Tattoo removal via under skin injection |

7. Infection control personnel and qualifications (mandatory)

*You need to provide copies of your employee's statement of attainment to Council, 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 attainments attached
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>

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 of 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.

8. Applicant suitability statement

Have you ever been convicted or found guilty of an indictable offence, other than a spent conviction?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Have you ever held a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , or a licence or registration under the <i>Health Act 1937</i> or a corresponding law that was suspended, cancelled or refused?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Have you ever been convicted or found guilty of an offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , the <i>Health Act 1937</i> or a corresponding Australian or foreign law?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

*Provide details and circumstances for ALL applicants, including individuals, executive officers of corporations, or members of incorporated association's management committee.

9. Amendment of licence

Please attach details of your request:

Please note that depending on the nature of your request, further information or application(s) may be required. If this is the case, you will be contacted and advised of these requirements.

10. Existing licensee details – transfer applications only – to be completed by existing licensee

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

11. Fees – the term of licence will be until 31 August 2023** (unless cancelled or suspended)

Category - please tick	Plan assessment fee	Licence fee	Total fee
<input type="checkbox"/> New licence	\$475.00	\$590.75*	\$1,065.75*
<input type="checkbox"/> Amendment of licence**	N/A	\$371.00	\$371.00
<input type="checkbox"/> Transfer of licence**	N/A	\$126.00	\$126.00

* The New licence fee is inclusive of up to a 15 month licence term with the licence period ending on 31 August 2023. The licence period is from 1 June to 31 August 2023 with the pro rata licence fee calculated quarterly.

** The Amendment or Transfer of licence fee is for the current licence period ending on 31 August 2022.

Your application will not be processed until correct fees are paid. To confirm the correct fees please contact council before you submit the application. Licences are valid from the date of issue to 31 August and incur an annual renewal fee.

12. Checklist	Applicant	Customer Contact
2 copies of plans attached	<input type="checkbox"/>	<input type="checkbox"/>
Applicant suitability supporting information attached (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Relevant parts completed, signed and correct fee enclosed	<input type="checkbox"/>	<input type="checkbox"/>

13. Declaration of applicant

I/We, the applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with the Sunshine Coast Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise the Sunshine Coast Council in writing prior to any such change being implemented.

I/We hereby make application to conduct a personal appearance service under the *Public Health (Infection Control for Personal Appearance Services) Act 2003* as set out in this application form and attached documentation.

I am/We are aware that I/we must ensure that any person providing a higher risk personal appearance service must have the required infection control qualifications.

I/We, the applicant, understand that Sunshine Coast Council use all provided contact details including email, phone calls and SMS for sending annual notices, reminders and verifying data. To opt out of all SMS and email contacts I/we must contact Sunshine Coast Council and specifically nominate to be excluded from emails or SMS.

	Name	Signature	Position e.g. director, manager	Date
Name 1				
Name 2				

OFFICE USE ONLY

<input type="checkbox"/> New personal appearance services licence <input type="checkbox"/> Amendment of licence <input type="checkbox"/> Transfer of licence				Charge Type	Checklist completed (part 12)
Application no.	Amount paid	Date paid	Receipt no.	Initial	Date stamp

Payment options

In person	Customer service centres: 8.30 am to 4.30 pm Monday to Friday (excludes public holidays).				
By mail	Cheque or money order to be made payable to: Sunshine Coast Regional Council.				
	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money order	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	
	Card number		Expiry date		Amount \$
	Name on card		Signature of cardholder		
	Phone		Is a receipt required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No