

# APPLICATION FOR A PERSONAL APPEARANCE SERVICE

Isaac Regional Council is collecting personal information you supply on this form in accordance with the *Information Privacy Act 2009*. Your personal information will be used by Council officers who have been authorised to do so. The information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information will be handled in accordance with the *Information Privacy Act 2009*.

## INSTRUCTIONS

1. Use a BLACK or BLUE pen.
2. Use BLOCK letters.
3. This form is for FIXED / MOBILE PREMISES.
4. Read through all of the questions before beginning your application.
5. Applications that do not have all sections completed **will not be accepted or may be refused.**

Please ensure you submit this application no more than thirty (30) days before intended commencement of trade.

**Commencing trade prior to receiving a Personal Appearance Service Licence is an offence against *Public Health (Infection Control for Personal Appearance Services) Act 2003* and may result in legal action being taken against you.**

**Applications made and signed by agents or consultants on behalf of an applicant will be refused.**

## APPLICATION TYPE

Are you applying for:

- New Personal Appearance Service Licence
- Annual Renewal of Personal Appearance Service Licence
- Amendment of Personal Appearance Service Licence

Note: Plans and specifications must be provided for new premises, amendments to premises or where plans have not previously been supplied.

**Pre-lodgement advice and information is available upon request.**

## WHAT IS A HIGHER RISK PERSONAL APPEARANCE SERVICE?

A higher risk personal appearance service involves any skin penetration procedures, in which the release of blood or other body fluid is an expected result.

### BUILDING REQUIREMENTS

Fixed or mobile premises at which higher risk personal appearance services are provided need to comply with the building standards in Part 5.0, Mandatory Part (MP) 5.2 of the Queensland Development Code.

Proof of compliance from a Private Building Certifier must be provided to make the application.

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## TYPE OF APPLICATION

Question 1. Who is making this application? (please tick one)

<input type="checkbox"/> <b>An Individual / Sole Trader</b> Go to Question 2	An individual responsible for the business.
<input type="checkbox"/> <b>A Corporation</b> Go to Question 3	Group or organisation recognised under the <i>Corporations Act 2001</i> .
<input type="checkbox"/> <b>An Incorporated Association</b> Go to Question 4	Group or organisation recognised under the <i>Associations Incorporation Act 1981</i> .

## APPLICANT DETAILS (COMPLETE THE RELEVANT SECTION ONLY)

Question 2. Please provide Individual / Sole Trader details below:

<b>NAME OF PERSON (1) RESPONSIBLE FOR PERSONAL APPEARANCE SERVICE BUSINESS:</b>	Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:										
	Family/Last Name:											
	Given / First Name:											
<b>NAME OF PERSON (2) RESPONSIBLE FOR PERSONAL APPEARANCE SERVICE BUSINESS:</b>	Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:										
	Family / Last Name:											
	Given / First Name:											
<b>POSTAL ADDRESS*:</b>												
<b>ABN:</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											(11 digits for ABN)
<b>LOT ON PLAN NO.:</b>	If in Isaac Regional Council area											

**Go to → Question 5**

A PO Box is not a valid postal address for the serving of legal notices and documents such as licenses.

Question 3. Please provide the Corporation details below:

<b>NAME OF CORPORATION:</b>	
<b>NAMES OF ALL DIRECTORS:</b>	

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<b>REGISTERED OFFICE ADDRESS*:</b> <i>CORPORATIONS ACT 2001</i>													
<b>ABN/ACN:</b>													(9 digits for ACN, 11 digits for ABN)
<b>LOT ON PLAN NO.:</b>	If in Isaac Regional Council area												

Go to → Question 5

A PO Box is not a valid postal address for the serving of legal notices and documents such as licenses. Please provide a complete list of all directors. Any changes to this list must be advised to Council.

## Question 4. Please provide Incorporated Association details below:

<b>NAME OF INCORPORATED ASSOCIATION:</b>													
<b>NAMES OF MANAGEMENT COMMITTEE MEMBERS:</b>													
<b>REGISTERED OFFICE ADDRESS*:</b> <i>ASSOCIATIONS INCORPORATION ACT 1981</i>													
<b>IA/ABN:</b>													(5 digits for IA, 11 digits for ABN)
<b>LOT ON PLAN NO.:</b>	If in Isaac Regional Council area												

A PO Box is not a valid postal address for the serving of legal notices and documents such as licenses. Please provide a complete list of all management committee members. Any changes to this list must be advised to Council.

## PRIMARY CONTACT PERSON'S DETAILS

### Question 5. Please provide details for the primary contact person below:

<b>CONTACT PERSON'S NAME:</b>													
<b>PHONE NUMBER:</b>							<b>MOBILE PHONE:</b>						
<b>EMAIL ADDRESS:</b>													

## BUSINESS DETAILS

### Question 6. Please provide the following information:

<b>TRADING NAME:</b>													
<b>PREVIOUS BUSINESS NAME:</b> <i>(If taking over existing premises)</i>	<input type="checkbox"/> N/A						<b>PREVIOUS LICENCE NUMBER:</b> <i>(If taking over existing premises)</i>	PAS _____ <input type="checkbox"/> N/A					

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<b>INTENDED DATE OF COMMENCEMENT OF TRADE:</b>	____/____/____ OR; <input type="checkbox"/> As soon as licence issued <b>! You cannot commence trade prior to receiving a licence.</b>	<b>WILL THE PREVIOUS LICENCE BE SURRENDERED?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Not sure
<b>ADDRESS OF THE PREMISES:</b>			
<b>LOT ON PLAN NO.:</b>	If unknown, contact Council for assistance		

**Question 7. What is the registered address for receiving legal documents for this Business?**  
 The registered address **CANNOT** be a PO Box. (please select one option below)

Same as Applicant Details
  Same as Address of the Business Premises  
 I would like to nominate a different address: (provide details below)

<b>POSTAL ADDRESS:</b>	
<b>LOT ON PLAN NO.:</b>	(If in Isaac Regional Council area)

## PREMISES DETAILS

**Question 8. Vehicle details:**

<input type="checkbox"/> Fixed Premises	<input type="checkbox"/> Mobile Premises
Please attach proof of certification against Queensland Development Code, Mandatory Part - MP 5.2 for Higher Risk Personal Appearance Services	
<input type="checkbox"/> Other* (please specify):	

**Note:** It is recommended that plan assessment application is submitted prior to the personal appearance service licence application to ensure adequate time for construction and/or fit out activities – unless intended to be complete and operational within thirty (30) days.

**Question 9. Motor Vehicle Details:**

<input type="checkbox"/> Mobile Van (provide registration no.)	<input type="checkbox"/> Mobile Trailer (provide registration no.)																				
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<input type="checkbox"/> Other* (please specify):	Description of Premises: Unique Identifier (serial no. or similar)																				

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**Question 10. Have you spoken with Building Services to discuss the Building, Plumbing, and Trade Waste requirements for your business?**

<b>10.1 Does any plumbing or drainage modifications or improvements need to be installed to existing design?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If you are improving or upgrading existing plumbing or drainage, you will need an approval through Councils building services</i>
<b>10.2 Have you obtained certification that the plans comply with the Qld Development Code MP5.2</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>For more information, contact Building Services at Isaac Regional Council</i>
<b>10.3 Have you spoken about the Trade Waste requirements for your business?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>Most activities will require a Trade Waste Permit. You must contact Building Services in relation to trade waste permits.</i>

**!** You must speak to Building Services about all building, plumbing, and trade waste requirements

## PERSONAL APPEARANCE / ACTIVITIES

**Question 11. Which of the following apply to your business? (select all that apply) High Risk**

<input type="checkbox"/> <b>Tattooing</b>	<input type="checkbox"/> Other skin penetration not specified: <i>(Please specify)</i>
<input type="checkbox"/> <b>Cutting</b>	
<input type="checkbox"/> <b>Body Piercing (excluding closed ear/nose piercing)</b>	
<input type="checkbox"/> <b>Semi-permanent Make-up</b>	
<input type="checkbox"/> <b>Skin Implanting (beads, hair) / other</b>	

## WATER CARRIER MAINTENANCE

**Question 12. Please provide details of your Cleaning and Infection Control processes:**

<b>12.1 What is your process for hand washing? (Select all which apply)</b>	<input type="checkbox"/> Method 1: Use running water and liquid soap
	<input type="checkbox"/> Method 2: Use an alcohol-based hand sanitiser
	<input type="checkbox"/> Other Method (please describe): _____ _____

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**12.2 What is your process for cleaning Instruments?** (select all which apply)

- Method 1:  
Disinfection of instruments
- Method 2:  
Sterilisation of instruments
- Method 3:  
Single-use disposable instruments
- Other Method (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

**12.3 What is your process for sharps disposal?** (select all which apply)

- Method 1:  
Dispose of used sharps in accordance with the Environmental Protection (Waste Management Regulation 2000). That is, dispose of the sharp after use into a rigid-walled, puncture resistant container and seal or securely close the container.
- Other Method (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

**12.4 What is your process for general waste disposal?** (select all which apply)

- Method 1:  
Place waste into a container, which is smooth, impervious and has a suitable lid.
- Method 2:  
Empty the container regularly into your main waste bin.
- Other Method (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

## SUITABILITY OF PERSON(S) TO HOLD A LICENCE

### Question 13. Infection Control Personnel and Qualifications (mandatory)

Please provide your qualifications:

Each person who provides a higher risk personal appearance service must have completed the required Infection Control Qualifications.

- **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](http://training.gov.au).

**Previous Competency standards, which are currently still accepted:**



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- **HLTIN2A** – Maintain infection control Standards in Office Practice Settings, OR
- **HLTIN402B** – Maintain Infection Control in Office Practice Settings.

Infection Control Personnel and Qualifications	
1:	
2:	
3:	

**Note:** If you have not yet employed your staff, you will be required to provide copies of the Statement of Attainment prior to commencing your activity.

Any changes to Infection Control Personnel and Qualifications must be advised to Council in written format within fourteen (14) days. You may nominate more than one Infection Control Personnel, please attach any additional details to this application.

- An Infection Control Personnel must be reasonably available upon request.
- A Personal Appearance business must have an Infection Control Personnel at all times.

## Question 14. Please read the below statements carefully:

<b>Statement 1.</b>	Have any of the applicants been convicted for a breach of any Public Health (Infection Control for Personal Appearance Services) Act 2003? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.	<input type="checkbox"/> YES (please attach details)	<input type="checkbox"/> NO
<b>Statement 2.</b>	Have any of the applicants previously held a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> ? or a corresponding law that was suspended or cancelled? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.	<input type="checkbox"/> YES (please attach details)	<input type="checkbox"/> NO
<b>Statement 3.</b>	Have any of the applicants been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.	<input type="checkbox"/> YES (please attach details)	<input type="checkbox"/> NO

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## APPLICANT CHECKLIST

I have answered all questions. Please contact Isaac Regional Council if you require assistance.

I have attached the following documentation:

- Evidence of training / qualifications
- Evidence that the plans have been certified by a private building certifier (for compliance with Qld Development Code MP5.2)
- I have paid / will supply payment details on the credit card payment form.

## DECLARATION

- If the application is made by a corporation or incorporated association, the person signing is legally entitled to make the application on behalf of the corporation or incorporated association.
- I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge. I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.
- I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.
- I understand that legal action may be taken against me under the relevant Acts and Regulations if the information provided is known to me to be false or misleading at the time of supplying the information.

<b>APPLICANT</b>	Signature	Date
	Print Name	

## PAYMENT AND SUBMISSION METHODS

**Payment is to be made at the time of submitting this application to Council for assessment.** Receipt is to be attached with the application. The following methods for are available to you:

- In person at your local Council office: Payment can be made in person between 8.30am and 4:30pm weekdays. You can pay in cash, cheque, creditcard, and EFTPOS.
- Cheque via post to: Isaac Regional Council  
PO Box 97  
Moranbah QLD 4744
- Via email with payment receipt to: [records@isaac.qld.gov.au](mailto:records@isaac.qld.gov.au)