

Hair, Beauty and Skin Penetration Application Form

BUSINESS DETAILS				
Trading/ Business Name				
Address of premises				
Premises phone number				
Full name of person in charge				
PREMISES TYPE - Please CIRCLE all that apply to your business:				
Acupuncture	Beauty therapy	Ear Piercing	Electrolysis	Dry Needling (Derma Roller)
Manicure/Pedicure	Tattooing	Waxing	Body Piercing	Micro-dermabrasion
<u>Other</u> - If you are undertaking beauty therapy treatments other than those listed, please detail each type of treatment:			Hairdresser/ barber	Shaving (single-use blades)
PROPRIETOR DETAILS				
(The Proprietor is either the individual/s (e.g. Sole Trader/Partnership) or Body Corporate (Pty Ltd company) legally responsible for the business. Please note that an ABN registered to a Trustee is not considered to be a legal entity.				
Proprietor name				
ABN or ACN				
Proprietor's Home Address				Postcode
Postal Address				Postcode
Email				Phone
HOURS OF OPERATION				
Monday			Friday	
Tuesday			Saturday	
Wednesday			Sunday	
Thursday				

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BUSINESS OPERATIONS/EQUIPMENT	
<input type="checkbox"/> Non-Critical Procedure: Appliances may come into contact with intact skin but does not penetrate skin or come into contact with mucosa or blood. Cleaning required. If ticked, please attach your cleaning and maintenance procedure.	
<input type="checkbox"/> Semi-Critical Procedure: Appliances may come into contact with mucosa or blood. Disinfection required. If ticked, please attach your cleaning and maintenance procedure.	
<input type="checkbox"/> Critical Procedure: Appliances enter or penetrate the skin. Cleaning and sterilisation required). If ticked, please attach procedure.	
Number of handwashing sinks (All hand wash basins are hands free design and have soap and paper towel dispensers next to them):	
Number of cleaning equipment sinks:	
Where applicable a sharps container that complies with AS4031 is provided, provide the name of the company used for sharps and biohazard disposal:	
DOCUMENTS TO ATTACH	
ASIC Record of Registration for Business Name	
Attach a labelled floor plan clearly showing the following: <ul style="list-style-type: none"> • All treatment rooms, cleaning and disinfection rooms, kitchen, toilets, laundry (as applicable). • Location of hand wash sinks, cleaning and kitchen sinks (including soap and paper towels). • Floor, ceiling, wall, bench and shelf finishes. 	
LODGMET DETAILS - You can lodge the completed application by:	
EMAIL: shire@harvey.wa.gov.au	
IN PERSON: Shire Administration Office, 102 Uduc Road, Harvey 6220	
APPLICABLE FEES:	
Upon acceptance of a complete application, a once off technical assessment fee will be charged.	\$136

Additional information, including fact sheets, guidelines and a copy of the Code of Practice may be obtained from the Department of Health website – [Skin penetration procedures and the law \(health.wa.gov.au\)](http://www.health.wa.gov.au) or by contacting the Shire’s Health Services on 08 9729 0300.

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PAYMENT OPTIONS:

Option 1

Payment may be made by either **cash or cheque**, made payable to Shire of Harvey

Option 2

Payment made by credit card, telephone 08 9729 0300 with your credit card details or
Complete the details below and send in with application

Name on card:			
Card number:			
CCV – credit card verification (3 digit number on back of credit card):		Expiry date:	
Amount:	\$136		
Signature:			

DECLARATION:

I, the person making this application declare that:

- The information contained in this application is true and correct in every particular,

Signature of applicant: _____