

SKIN PENETRATION, HAIRDRESSING & BEAUTY THERAPY PREMISES APPLICATION



Health (Skin Penetration Procedure) Regulations 1998

BUSINESS DETAILS	
Business trading name	
Previous trading name (if applicable)	
Address of premises	
Premises phone number	
Name of person in charge and title	
Premises type:	<input type="checkbox"/> Commercial premises <input type="checkbox"/> Mobile premises <input type="checkbox"/> Home occupation

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 / ACN	
Postal address	
Mobile number	
Email address	

PRIMARY USE OF THE PREMISES	
Please tick all that apply to your business	
<input type="checkbox"/> Acupuncture <input type="checkbox"/> Beauty therapy <i>(please list below)</i> <input type="checkbox"/> Body piercing <input type="checkbox"/> Cosmetic tattooing <input type="checkbox"/> Hair removal <input type="checkbox"/> Hairdresser/barber only <i>(no shaving/cut-throat razors)</i>	<input type="checkbox"/> Laser Treatment <input type="checkbox"/> Lash treatments <input type="checkbox"/> Nail treatments <input type="checkbox"/> Shaving/Cut-throat razor <i>(single-use blades only)</i> <input type="checkbox"/> Tattooing/body modification <input type="checkbox"/> Waxing/tweezing
If you are undertaking beauty therapy treatments other than those listed, please detail each type of treatment:	

HOURS OF OPERATION			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

BUSINESS OPERATIONS/EQUIPMENT

Please refer to the [Hairdressing Establishment Regulations 1972](#) (applicable for hairdressers only), or the [Health \(Skin Penetration\) Regulations 1998](#) and [Code of Practice for Skin Penetration Procedures 1998](#) (applicable for skin penetration premises) for information on these requirements.

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 outline your **cleaning and maintenance** procedure (or attach procedure separately):

Semi-Critical Procedure (*Appliances may come into contact with mucosa or blood. Disinfection required.*)

If ticked, please outline your **disinfection** procedure (or attach procedure separately):

Critical Procedure (*Appliances enter or penetrate the skin. Cleaning and sterilisation required.*)

If ticked, please outline your **cleaning and sterilisation** procedure (or attach procedure separately):

Total number of sinks and hand wash basins: <i>Separate sinks are required for hand washing and cleaning equipment.</i>	
All hand wash basins are hands free design and have soap and paper towel dispensers next to them.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warm water is supplied to all sinks and hand wash basins.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry facilities: <i>If offsite please advise location/company:</i>	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
A sharps container that complies with AS4031 is provided where applicable. Provide the name of the company used for sharps and biohazard disposal if applicable:	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Please select the personal protective equipment that will be used at the premises.	<input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Apron/gown <input type="checkbox"/> Face mask
Do you provide complimentary refreshments? (E.g. tea, coffee, biscuits etc.) <i>If yes you will need to submit a Food Business Notification/Registration form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable

DOCUMENTS

Please attach the following:

ASIC Record of Registration for Business Name	<input type="checkbox"/>
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	<input type="checkbox"/>
A copy of the qualifications of each staff member	<input type="checkbox"/>

DECLARATION

I declare that the information contained in this application is true and correct, that I will notify the City's Health Services of any variation to details provided within this application prior to trading and the appropriate approvals from the City's Planning and Building Services sections have been obtained **prior** to lodging this application.

I declare that I have read and understood the [Hairdressing Establishment Regulations 1972](#) (applicable for hairdressers only), or the [Health \(Skin Penetration\) Regulations 1998](#) and [Code of Practice for Skin Penetration Procedures 1998](#) (applicable for skin penetration premises).

Name of applicant(s)	
Position of applicant(s) <i>(In the case of a company, the signing officer must be a Director of the company or provide evidence of their delegated authority to sign)</i>	
Signature of applicant(s)	
Date	

To submit your application please email this form to mail@vincent.wa.gov.au

APPLICABLE FEES

This fee is applicable for the 2020-2021 financial year. You will be sent an invoice.

Application and assessment fee - \$140.00