



## Health (Skin Penetration Procedure) Regulations 1998 Application to Register a Skin Penetration premises

The registration of Skin Penetration premises lodged in support of this application should be prepared in accordance with *Health (Miscellaneous Provisions) Act 1911*, the *Health (Skin Penetration Procedure) Regulations 1998* and the Skin Penetration Code of Practice.

*Assessment of applications failing to meet these requirements may be delayed or refused.*

Proprietor's Details:			
Company Name:		Phone:	
Proprietor's Name:		Mobile:	
Email:		ABN:	
Mail Address:	Shop/Unit	Street address	
	Suburb		Post code
Registered Business Name:		Premises Phone:	
Contact Person:		Email:	

Business Details		
Type of Business		
<input type="checkbox"/> Home occupation i.e. private residence	<input type="checkbox"/> Commercial	<input type="checkbox"/> Mobile**
<input type="checkbox"/> Other _____		
** Mobile beauty therapist cannot conduct skin penetration procedures.		
Type of Activities		
<input type="checkbox"/> Tattooing	<input type="checkbox"/> Waxing	<input type="checkbox"/> Acupuncture
<input type="checkbox"/> Threading	<input type="checkbox"/> Manicures &/or Pedicures	<input type="checkbox"/> Electrolysis
<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Solarium / Tanning Booth	<input type="checkbox"/> Massage Therapy
<input type="checkbox"/> IPL	<input type="checkbox"/> Permanent make-up	<input type="checkbox"/> Tweezing
<input type="checkbox"/> Other (please state): _____		



### Attachment Checklist:

#### ***In support of my Application I have provided attached:-***

- A plan of the business showing the location of all fittings and fixtures;
- I understand that upon submission of this Application Form, I will be issued an invoice for payment of the Application Fee of **\$300.00**.

### Declaration:

- I have read and familiarised myself with the requirements of the *Health (Skin Penetration Procedure) Regulations 1998 and the Skin Penetration Code of Practice*.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

In the case of a company, the signing officer must state position in the company.

### Contact details:

City of Cockburn | 9 Coleville Crescent Spearwood | PO BOX 1215, Bibra Lake DC WA 6965 | T: 08 9411 3444