**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.*

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| --- |
| **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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □  | Home occupation i.e. private residence | □  | Commercial | □  | Mobile\*\* |
| □  | Other |  |

\*\* Mobile beauty therapist cannot conduct skin penetration procedures.Type of Activities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □  | Tattooing | □  | Waxing | □  | Acupuncture |
| □  | Threading  | □  | Manicures &/or Pedicures | □  | Electrolysis |
| □  | Body Piercing  | □  | Solarium / Tanning Booth | □  | Massage Therapy |
| □  | IPL  | □  | Permanent make-up | □  | Tweezing  |
| □  | Other (please state): |

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| --- |
| **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 **$205.00**.
 |
| **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