**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