



## 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 **\$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