

PERSONAL APPEARANCE PROCEDURES NOTIFICATION FORM



1. Proposed Business Details	
Business trading name:	
Address of the premises:	
Type of business: <input type="checkbox"/> Commercial premises <input type="checkbox"/> Home occupation* <i>*If a home occupation, you must have approval / exemption from Planning Services.</i>	
<input type="checkbox"/> New premises <input type="checkbox"/> Existing premises* – change of details/owner <i>*If existing premises and layout has been modified, please provide new floor plan.</i>	

2. Applicant Details			
Proprietor name:			
Postal address:			
Suburb:		Postcode:	
Business phone:		Mobile:	
Email:			
ABN/ACN:			

3. Premises & Procedures	
Hand wash basin is hands-free with a single outlet of warm water provided in the immediate area of the procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquid soap dispenser and single-use paper towel dispenser provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please tick proposed procedures:	
Critical procedures <i>Appliances enter or penetrate the skin. Cleaning and sterilisation/single use required.</i>	
<input type="checkbox"/> Tattooing	<input type="checkbox"/> Acupuncture/dry needling <input type="checkbox"/> Electrolysis
<input type="checkbox"/> Cosmetic tattooing	<input type="checkbox"/> Body piercing <input type="checkbox"/> Branding
<input type="checkbox"/> Lancing	<input type="checkbox"/> Body art <input type="checkbox"/> Platelet rich plasma therapy
<input type="checkbox"/> Other _____	
Semi-critical procedures <i>Appliances may come into contact with mucosa or blood. Cleaning and disinfection required.</i>	
<input type="checkbox"/> Waxing	<input type="checkbox"/> Shaving <input type="checkbox"/> Microdermabrasion
<input type="checkbox"/> Manicure / pedicures	<input type="checkbox"/> Acrylic nails <input type="checkbox"/> Threading
<input type="checkbox"/> Tweezing	<input type="checkbox"/> Other _____

4. Food Requirements	
Do you provide complimentary refreshments? (eg tea/coffee, biscuits etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please ensure food and food contact surfaces (cups/plates etc.) are stored and cleaned in a separate area to work preparation/procedure area.</i>	

5. Application Requirements – please ensure the following is provided with application	
<input type="checkbox"/>	A detailed cleaning/maintenance schedule for appliances and for the premises
<input type="checkbox"/>	Detail for procedures undertaken including hygiene/infection control techniques
<input type="checkbox"/>	Detail for proposed disinfection method and disinfecting solution (if applicable – for semi-critical procedures)
<input type="checkbox"/>	Detail for proposed sterilisation (moist heat – autoclave, or dry heat), detailed sterilisation method and evidence that steriliser complies with Australian Standards; OR provide evidence that all critical procedure instruments are single-use only
<input type="checkbox"/>	A floor plan detailing all structure and furniture surface finishes, the location of fittings, furniture and sinks
<input type="checkbox"/>	Step-by-step blood spill/accident clean-up procedure

6. Fees		
<input type="checkbox"/>	New premises	\$80
<input type="checkbox"/>	Existing premises	\$80

7. Declaration
<p>I, _____ (name of applicant) declare that the information contained in this application is true and correct in every particular.</p> <p>Signature of Applicant: _____ Date: _____</p>

Submission of application forms and associated documents to be made by post, email or in person at the City's Administration office – Civic Boulevard Rockingham.

Email: customer@rockingham.wa.gov.au

Post: PO Box 2142
ROCKINGHAM WA 6967

Applications received by email or post will be contacted by phone for payment via credit card.

<p>The City of Rockingham is collecting your personal information to process a Personal Appearance Procedure Approval under the Health (Skin Penetration Procedure) Regulations 1998. It may also be used for secondary purposes which would be reasonably expected.</p> <p>We may share this information with other government agencies in order to assess the application. If you choose to not provide your personal information, we may not be able to process the application.</p> <p>To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.</p>
