

Application for Higher Risk Personal Appearance Services Licence

Public Health (Infection Control for Personal Appearance Services) Act 2003

All required sections must be fully completed and required documentation submitted with this application. An incomplete application will not be accepted and will delay assessment.

Note: Plans and specifications must be provided for new premises, amendments to premises or where plans have not previously been supplied.

Purpose	Apply for a higher risk personal appearance service licence to carry out skin penetration procedures. This form is also used when structural changes are being made to premises under an existing licence. To ensure the licence is finalized before operation commences, please allow at least 40 days for the application to be processed and inspections to take place.
Reason for this application	☐ Fitting out new fixed or mobile premises
	☐ Carry out structural changes to an existing premise
Current Licence Number: _____	

1. APPLICANT DETAILS

Who is completing this application?	☐ Individual/Partnership <i>(if partnership, both names need to be provided)</i>			
	☐ Corporation/Incorporated Association			
Applicant 1 Full Name: <i>(Individual/Partnership)</i>				
Applicant 2 Full Name: <i>(Individual/Partnership)</i>				
Legal Entity Name: <i>(Corporation/Incorporated Association)*</i>				
Trustee Name: <i>(if applicable)</i>				
ABN/ACN: <i>Attach copy of ABN</i>				
Contact Name:				
Contact Number/s:				
Contact Email:	☐ Tick to opt-in for postal notifications regarding future renewal notices / reminders			
Residential Address:				
Locality:		State:		Postcode:
Postal Address: <i>(if different from above)</i>				
*Corporation/Incorporated Association Note:	<i>A copy of the company extract that lists the directors MUST be attached (a company registration certificate cannot be accepted)</i>			

2. BUSINESS DETAILS

Trading Name:			
Are you taking of an existing/previous Business?	☐ Yes	Current Licence No.	
	☐ No	Current Business Name:	
Preferred Contact Person:			
Preferred Contact Number/s:			
Proposed start date of new licence:		Hours of Operation: <i>Include days and times</i>	
<i>*Note: You cannot lawfully operate a Higher Risk Personal Appearance Service until you have received your licence from Council.</i>			

3. ARE YOU OPERATING FROM AN EXISTING HIGHER RISK PERSONAL APPEARANCE SERVICES PREMISES?

☐ Yes	Do you intend to make any alterations to existing fit out of the premises?	
	☐ Yes – Assessment of Suitability will be required.	☐ No – Continue to Section 6
☐ No	New Assessment of Suitability is required	

Premises Operation and Fit- Out (*Suitability Assessment*)

A copy of layout plans, sectional elevations and hydraulic plans of the premises or vehicle to be drawn to a scale of not less than 1:100 must be submitted for approval. The plans need to detail how you will satisfy the performance criteria and acceptable solutions specified in the Queensland Development Code, MP 5.2 - Higher Risk Personal Appearance Services. A copy of MP 5.2 is available at hpw.qld.gov.au

You may need to provide documentation that the plans have been certified by a Building Certifier (*For compliance with Qld Development Code MP5.2*):

4. PREMISES DETAILS

Fixed Premises Address:		Lot #:	Plan:
Mobile Premises – Vehicle Details: <i>(Only fill in if the premise is mobile)</i>	Vehicle Make:		
	Vehicle Model:		
	Vehicle Registration #:		
	Garaging Address:		

Where your proposal involves new or altered structures you may require Planning, Building, Plumbing and/or Trade Waste approvals. It is your responsibility to ensure all relevant approvals are obtained prior to operating. Contact the relevant departments via Council's Customer Service centre on 4082 0500, or e-mail: mail@cook.qld.gov.au to determine which approvals you need.

If you have already obtained these approvals, please provide the Council reference numbers below:	
Building approval (tenancy fit-out) number:	
Plumbing approval number:	
Trade waste approval number:	

5. YOUR PLANS MUST INCLUDE

☐ Dirty/contaminated zone with utensil cleaning sink	☐ Location of internal and external waste storage including storage for soiled linen
☐ Location of instrument washers and sterilisers	☐ Clean zone with hand wash basin
☐ Finishes and materials of surfaces of floors, walls, ceiling, benches and cupboards	☐ Pictures and links of equipment specifications can also be submitted
☐ Location of all benches, beds, equipment trolleys and storage cupboards etc.	☐ Location of all sinks including handwash basin

Note: You must also incorporate the operational requirements of the Infection Control Guidelines for Personal Appearance Services which is available at [Infection Control Guidelines for Personal Appearance Services August 2024 \(health.qld.gov.au\)](https://www.health.qld.gov.au/infection-control-guidelines-for-personal-appearance-services)

6. ADDITIONAL INFORMATION TO INCLUDE

☐ Specifications of instrument washers, sterilisers and autoclave equipment if not single use items	☐ Any documented processes for cleaning and sterilising
☐ Specifications of hand wash basin (internal dimensions, type of tap) and cleaning sink (internal dimensions, hot and cold water)	☐ Method of waste collection and disposal of both general waste and sharps

7. HIGHER RISK ACTIVITY DETAILS

Activity(s) to be conducted at your premises – please tick

☐ BB Glow treatment	☐ Injection lipolysis or fat dissolving injections
☐ Body Piercing (other than closed ear or nose piercing)	☐ Mesotherapy or intradermal therapy that is not considered a health service
☐ Botox, dermal fillers or any other cosmetic injectable	☐ Microblading
☐ Collagen induction therapy (CIT) or direct needle therapy (DNT) or skin needling with implantation	☐ Microlipoinjection
☐ Collagen injections	☐ Platelet-rich plasma (PRP) therapy that is not considered a health service
☐ Cosmetic tattooing (including the application or semi-permanent makeup)	☐ Scaring or scarification
☐ Ear pointing or modification and tongue forking or splitting	☐ Tattooing
☐ Hair transplantation (that is not considered a health service)	☐ Tattoo removal
☐ Implanting natural or synthetic substances into skin (hair or beads)	☐ Thread lift

☐ Other – Please describe: _____

8. INFECTION CONTROL PERSONNEL AND QUALIFICATIONS *(Mandatory)*

Businesses that offer higher risk services need to have a 'higher risk personal appearance service' licence, and all operators need to have the designated qualification to provide these services. For more information visit:

<https://training.gov.au/>

- [Infection Control Competency HLTINF005](#) – Maintain infection prevention for skin penetration treatments.

Previous Competency standards, which are currently still accepted:

- HLTIN2A – Maintain infection control Standards in Office Practice Settings; OR
- HLTIN402B – Maintain Infection Control in Office Practice Settings.
- HLTIN402C—Maintain Infection Control Standards in Office Practice Settings

Name –		Competency/ies achieved – see below			
1.		☐ HLTINF005	☐ HLTIN2A	☐ HLTIN402B	☐ HLTIN402C
2.		☐ HLTINF005	☐ HLTIN2A	☐ HLTIN402B	☐ HLTIN402C
3.		☐ HLTINF005	☐ HLTIN2A	☐ HLTIN402B	☐ HLTIN402C
4.		☐ HLTINF005	☐ HLTIN2A	☐ HLTIN402B	☐ HLTIN402C

9. APPLICANT SUITABILITY STATEMENT

Have you ever been convicted (or found guilty) of an indictable offence, an offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, the *Medicines and Poisons Act 2019*, the repealed *Health Act 1937* or a corresponding law in another State, Territory or foreign Country?

☐ Yes

☐ No

Have you ever had a licence or registration of an establishment refused, suspended or cancelled under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, the repealed *Health Regulation 1996* or a corresponding law in another State, Territory or foreign Country?

☐ Yes

☐ No

If you answered yes to either of the questions above, you may be ineligible to receive the Higher Risk Personal Appearance Services Licence.

**Note: Provide details and circumstances of ALL applicants, including individuals, executive officers of corporations, or members of incorporated association's management committee.*

10. LICENCE AMENDMENT DETAILS - (Only complete if an amendment application; application declaration must also be completed)

Business Name:	
Health Licence Number:	
Details of Amendment: <i>* (Please attach further details if required)</i>	

For changes to existing premises, please provide a copy of the existing floor plan and the proposed floor plan

** Note: You should provide as much information as possible regarding the amendment. Depending on the nature of your request, further information or applications(s) may be required. If this is the case, you will be contacted and advised of these requirements.*

11. CHECKLIST – Ensure you have attached the following documentation to this application:

☐ Copy of current tattoo operator licence and tattooist licences from Office of Fair Trading under the *Tattoo Industry Act 2013* for all persons performing body art tattooing. [Get a tattoo licence or permit | Your rights, crime and the law | Queensland Government](#)

☐ Copy of infection control qualification certificates for all higher risk personal appearance service providers.

☐ Copy of latest calibration certificate for all sterilisation equipment. (Note: not required for single use equipment)

☐ Floor and elevation plans drawn to a scale of 1:100 of the proposed fit-out of the premises, including layout and details of finishes of all fittings, fixtures and equipment (i.e. benches, hand washing facilities, cleaning sinks etc.).

☐ Evidence of certification of plans by a Qld Building Certifier (if required)

☐ Copy of processes for methods of cleaning, disinfection and sterilisation

Note: For changes to existing premises, please provide a copy of the existing floor plan and the proposed floor plan.

INFORMATION PRIVACY STATEMENT

You are providing personal information which will only be used for Council business activity specific to your enquiry, request, or application. Your personal information is managed in accordance with the *Information Privacy Act 2009*, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so or the disclosure is required by law.

DECLARATION

If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.

I acknowledge the application fee may not be refundable if assessment of the application has commenced. The application fee includes one inspection; any additional inspections may incur further fees.

I declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regard to any matters relevant to this application.

I am aware that it is an offence to knowingly provide false or misleading information. I am also aware that it is an offence to commence operating a higher risk personal appearance services business without an approved licence.

I understand that I am applying for a licence regarding the suitability of the premises and licence to carry out higher-risk personal appearances services this licence does not authorise the administration, application, prescription, injection and/or sale of scheduled medicines and topical anesthetics (numbing creams) and/or to carry out procedures that are invasive, surgical or otherwise.

☐ I have read and understood the above declaration

Name of Individual /
Organisation:

Name of Signatory:
If applicant is an organisation

Position:
Proprietor, Director, Manager etc.

Signature:

Date:

LODGMET

Cook Shire Council
10 Furneaux Street
PO Box 3
COOKTOWN QLD 4895

Phone: 07 4082 0500
Email: mail@cook.qld.gov.au
Website: www.cook.qld.gov.au

OFFICE USE ONLY

G/L: 2050.105.86

Total Paid Fee:

Receipt Number:

Received By:

Date: