

INFECTION CONTROL APPLICATION TO VARY LICENCE

PURPOSE

This form is to be used to apply for a variation to a licence under the *Public Health Act 1997* (the Act).
You can access the legislation and its regulation at www.legislation.act.gov.au.

PRIVACY

The collection of personal information is required by this form for the purposes of issuing a licence under the Act. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

Website: www.health.act.gov.au/hps	General Enquires: (02) 6205 1700	Email Address: hps@act.gov.au	Fax Number: (02) 6205 1705
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INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- If you are changing the location of your business, you must complete a new Infection Control Licence Application form. If you are changing the ownership of your business, a Transfer of Ownership application must be completed.
- This application form must be signed by the licensee and the original licence certificate (or a copy) must be attached to this application.
- Complete this form using a black or blue pen only.

TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

COMPLETED FORMS TO BE RETURNED



In Person:

Health Protection Service
25 Mulley Street
HOLDER ACT 2611



By Post:

Health Protection Service
Locked Bag 5005
WESTON CREEK ACT 2611



By Fax:

(02) 6205 1705



By Email:

hps@act.gov.au

REQUIRED INFORMATION (must be completed)

LICENCE NUMBER:

FILE NUMBER:

EXPIRY DATE:

TRADING NAME:

*(As appears on current licence certificate)***PARTICULARS OF BUSINESS VARIATION (Must be completed)***Please indicate which variation(s) you are applying for and ONLY complete the sections below relevant to your changes.* Trading Name Contact Details Postal Details Refurbishment*Has there been a change in the Primary Infection Control Activity?* No Yes**VARIATION TO TRADING NAME**

NEW TRADING NAME:

CONTACT DETAILS – ONSITE PERSON

GIVEN NAME:

FAMILY NAME:

BUSINESS PHONE:

MOBILE PHONE:

AFTER HOURS PHONE:

FAX:

EMAIL ADDRESS:

POSTAL DETAILS – BUSINESS CORRESPONDENCE POSTAL ADDRESS

STREET NUMBER/PO BOX:

STREET NAME:

SUBURB:

STATE:

POSTCODE:

REFURBISHMENT*Under the Act a floor plan showing the layout of all fixtures and fittings of the premises must accompany this application.* Plans of the premises were previously submitted for assessment on ___ / ___ / ___*Describe the nature of the structural change***DECLARATION**

I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this licence application.

I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: _____