

# 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](http://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

<b>Website:</b> <a href="http://www.health.act.gov.au/hps">www.health.act.gov.au/hps</a>	<b>General Enquires:</b> (02) 6205 1700	<b>Email Address:</b> <a href="mailto:hps@act.gov.au">hps@act.gov.au</a>	<b>Fax Number:</b> (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](mailto: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: \_\_\_\_\_