

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) 5124 9700	Email Address: hps@act.gov.au	Fax Number: (02) 5124 5554
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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) 5124 5554



By Email:

hps@act.gov.au

REQUIRED INFORMATION <i>(must be completed)</i>		
LICENCE NUMBER:	FILE NUMBER:	EXPIRY DATE:
TRADING NAME: <i>(As appears on current licence certificate)</i>		

PARTICULARS OF BUSINESS VARIATION <i>(Must be completed)</i>			
<i>Please indicate which variation(s) you are applying for and ONLY complete the sections below relevant to your changes.</i>			
<input type="checkbox"/> Trading Name	<input type="checkbox"/> Contact Details	<input type="checkbox"/> Postal Details	<input type="checkbox"/> Refurbishment
<i>Has there been a change in the Primary Infection Control Activity?</i> <input type="checkbox"/> No <input type="checkbox"/> 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
<i>Under the Act a floor plan showing the layout of all fixtures and fittings of the premises must accompany this application.</i>
<input type="checkbox"/> Plans of the premises were previously submitted for assessment on ___ / ___ / ___
<i>Describe the nature of the structural change</i>

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: _____