



ACT
Government

ACT Health

Health Protection Service

Infection Control New Licence

Use this form to apply for a licence under the **Public Health Act 1997**. View the Act, its regulations and codes of practice at legislation.act.gov.au/a/1997-69/

Businesses that perform skin penetration procedures are required to hold an infection control activity licence under the Act and comply with the relevant code of practice.

How to complete this form

Complete this form using a black or blue pen and return to the Health Protection Service with the appropriate fee (see Section H).

This form may also be completed online and the fee paid via a secure payment portal at form.act.gov.au/smartforms/hps/infection-control-new-licence-application

Attachments

This form requires you to submit attachments as part of the lodgement process:

- One form of photographic identification for each owner (or for the registered agent if applying as a company), sighted and certified by an authorised witness.
- If applying as a company - a current company extract (issued within the previous 30 days) from the Australian Securities and Investment Commission (ASIC).
- A floor plan showing the layout of all fixtures and fittings of the premises.
- If applying for a fee exempt application, evidence of fee exempt status is required (see Section H).

Contact us

Health Protection Service

Email: hps@act.gov.au
Phone: 02 5124 9700
Fax: 02 5124 5554

By post: Locked Bag 5005
WESTON CREEK ACT 2611
In person: 25 Mulley Street
HOLDER ACT 2611

Privacy

The collection of personal information is required for the purposes of issuing a licence under the *Public Health Act 1997*.

The Health Protection Service prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (Commonwealth)*.

If you have questions about how your information will be handled please see the ACT Health Privacy Notice at health.act.gov.au/privacy or contact us.

Need an interpreter?

To speak to someone in a language other than English please telephone the Telephone Interpreter Service (TIS) on **131 450**.



Arabic: بالرقم إتصل مترجم إلى بحاجة كنت إذا : 13 14 50

Chinese: 如果您需要翻譯, 請致電 : 13 14 50

Croatian: Ako trebate tumača, nazovite: 13 14 50

English: If you need a translator, call 13 14 50

Greek: Αν χρειάζεστε διερμηνέα, τηλεφωνήστε: 13 14 50

Italian: Se hai bisogno di un interprete, chiamate: 13 14 50

Maltese: Jekk għandek bżonn ta 'interpretu, sejħa: 13 14 50

Persian: فراخوان, است لازم شما اگر : 131 450

Polish: Jeżeli potrzebujesz tłumacza, zadzwoń: 13 14 50

Portuguese: Se você precisar de um intérprete, ligue para: 13 14 50

Serbian: Ако треба тумача, назовите: 13 14 50

Spanish: Si usted necesita un intérprete, llame al: 13 14 50

Turkish: Eğer bir tercümana ihtiyacınız Arama: 13 14 50

Vietnamese: Nếu bạn cần một thông dịch viên, xin gọi: 13 14 50

Section A: Trading details

Trading name

What will your business be trading as? This is the name that your customers will know the business as and is usually displayed on your storefront and signage.

Infection control activity

What will your infection control activity be? You need to select one primary activity, and you may optionally also select one secondary activity.

Primary
(Select 1)

Secondary
(Select 1)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Acupuncture |
| <input type="checkbox"/> | <input type="checkbox"/> | Beauty therapy |
| <input type="checkbox"/> | <input type="checkbox"/> | Beauty therapy including cosmetic tattooing |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood donation service |
| <input type="checkbox"/> | <input type="checkbox"/> | Body piercing |
| <input type="checkbox"/> | <input type="checkbox"/> | Colon hydrotherapy |
| <input type="checkbox"/> | <input type="checkbox"/> | Cosmetic skin clinic |
| <input type="checkbox"/> | <input type="checkbox"/> | Dental practice |
| <input type="checkbox"/> | <input type="checkbox"/> | Dry needling |
| <input type="checkbox"/> | <input type="checkbox"/> | Facial waxing |
| <input type="checkbox"/> | <input type="checkbox"/> | Nail salon |
| <input type="checkbox"/> | <input type="checkbox"/> | Podiatry |
| <input type="checkbox"/> | <input type="checkbox"/> | Tattoo studio |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: |
| | <input type="checkbox"/> | N/A - No secondary activity |

Section B: Ownership type

Licences are issued to the owner of the business, who is the person(s) who will have the overall responsibility for the business, including responsibility for any contraventions of the **Public Health Act 1997**.

Trusts will not be registered, companies operating as trustees for a trust will be registered in the company name only.

Applications listing a partnership as the owner will not be accepted. If your business is operated by a partnership, one or more of the individuals of the partnership will need to be listed.

Are you applying for a licence as (select 1):

- A corporation → **Complete section C**
- An individual (or individuals) → **Complete section D for each owner**

Section C: Owner details – Corporation

Complete this section **only** if you selected **'a corporation'** in Section B.

Company name

As shown on your company extract

.....

Australian Company Number (ACN):

Corporation type

- Company
- Incorporated association
- Government agency
- Registered charitable organisation

Registered company address

Address

.....

Suburb State Postcode

Owner postal address

Address

.....

Suburb State Postcode

Owner phone numbers

Phone (BH) Mobile

Email

Proof of identification

The Health Protection Service needs to be able to confirm the identity of applicants.

You must provide one piece of certified photographic identification for the authorised agent who is making the application.

The preferred types of identification are:

- Driver licence
- Passport
- Proof of Identity card or Proof of Age card

If you are sending a copy of your identification by post, fax, email or online form, each copy must be certified by a witness as a true and accurate copy.

For more information, visit health.act.gov.au/businesses/licensing-and-registration

If you bring your identification to the Health Protection Service in person, we will make a copy and certify it for you.

I have attached certified photographic identification for the authorised agent.

Company extract

You must also provide a copy of a current company extract issued by the Australian Securities and Investment Commission (ASIC) **issued within the last 30 days**. The Company Extract includes details of the corporate, business names and trading names, present directorships and proprietorships of the company.

You can obtain a current company extract from ASIC at asic.gov.au

I have attached a current company extract issued within the last 30 days.

Declaration

This declaration must be made by the authorised agent of the corporation.

I,, confirm that the information supplied in this section is true and accurate, and understand that the provision of false or misleading information is an offence.

Position title

Signature of agent

Date

Section D: Owner details – Individual

Complete this section **only** if you selected **'an individual (or individuals)'** in Section B.

If there are multiple owners, make additional copies of this section for **each owner**.

Your full name

As shown on your photographic identification

Title (Mr, Ms) Given name(s)

Surname

Residential address

Address

.....

Suburb State Postcode

Owner postal address

Address

.....

Suburb State Postcode

Owner phone numbers

Phone (BH) Mobile

Email

Proof of identification

The Health Protection Service needs to be able to confirm the identity of applicants.

You must provide one piece of certified photographic identification for each owner.

The preferred types of identification are:

- Driver licence
- Passport
- Proof of Identity card or Proof of Age card

If you are sending a copy of your identification by post, fax, email or online form, each copy must be certified by a witness as a true and accurate copy.

For more information, visit health.act.gov.au/businesses/licensing-and-registration

If you bring your identification to the Health Protection Service in person, we will make a copy and certify it for you.

I have attached certified photographic identification for this owner.

Declaration

This declaration must be made by each owner.

I,, confirm that the information supplied in this section is true and accurate, and understand that the provision of false or misleading information is an offence.

Signature

Date

Section E: Business details

Physical address of business

Address

.....

Suburb State Postcode

Likely days of operation and hours of trade

What days and hours do you plan to trade (for example, "Monday to Friday, 9am - 5pm")

.....

.....

.....

Business on-site contact person

Who can we contact about the day-to-day operation of the business?

Title (Mr, Ms) Given name(s)

Surname

On-site contact person phone numbers

Phone (BH) Phone (AH)

Mobile

Email

Business correspondence postal address

Address

.....

Suburb State Postcode

Section F: Infection control details

Does your business intend to offer a mobile service?

Please note that some infection control activities cannot be offered as a mobile service. Contact the Health Protection Service for details.

Yes

No

Are you performing invasive procedures?

Invasive procedures any procedures that involve entry into body tissue, cavities or organs, or repair of traumatic injuries.

Yes → **Complete details below**

No → **Skip to section G: Plan assessment**

Is only single-use sterile equipment used for invasive procedures?

Yes → **Skip to section G: Plan assessment**

No

Is the equipment reprocessed within the business premises?

Yes → **Who is responsible for reprocessing the equipment?**

Name

Position

No → **Where is the equipment reprocessed?**

.....

.....

.....

Section G: Plan assessment

The construction and layout of a business are important to infection control. Suitably detailed plans must be submitted to the Health Protection Service and an inspection carried out before a new licence can be granted.

Have you already submitted detailed plans of the premises to the Health Protection Service for assessment?

Yes → **Date submitted:** / /

Skip to section H: Fees and payment

No → **Complete details below**

I have attached plans and details of all fixtures, fittings, equipment and surface finishes.

Plans may also be emailed to hps@act.gov.au (maximum file size of 10MB).

Was the premises previously used as a licenced business?

Yes → Previous licence number (if known)

Previous trading name

No

Note: The plan assessment process, in terms of carrying on a public health risk activity under the *Public Health Act 1997*, does not constitute any authority to:

- Carry out any building works or occupy the building or part of the building unless all relevant building permits are obtained from all responsible authorities;
- Use the land or buildings thereon for any purpose which requires a planning permit unless all relevant planning permits are obtained from all responsible authorities; and
- Commence carrying on a public health risk activity, unless approval has been sought from the Health Protection Service and the business is licenced under the *Public Health Act 1997*.

Section H: Fees and payment

Is the owner of the premises is a charitable organisation that is a charity endorsed under subdivision 50-B of the *Income Tax Assessment Act 1997 (Cwlth)*?

Yes → See **fee exemption details** below

No → Skip to **licence duration**

Fee exemption details (fee exempt applications only)

To claim exemption from payment of a fee you need to provide evidence of your exemption status. For charities, evidence of registration as a charity with the Australian Charities and Not-for-Profits Commission (the ACNC) is preferred.

I have attached evidence of my fee exempt status.

Licence duration (all applications)

You can choose to licence your business for 1, 2 or 3 years. The Health Protection Service will send you a reminder notice 3-4 weeks prior to the licence renewal date.

How many years would you like to apply for a licence for?

1 year \$201

2 years \$402

3 years \$603

GST is not applicable under section 81-5 of the *A New Tax System (Goods and Services Tax) Act 1999*.

Payment details

Do not complete these details if you are applying for a fee-exempt application.

Payment method

Cash or EFTPOS (in person at the Health Protection Service)

Cheque

Credit card (complete details below)

Credit card details (if paying by credit card)

I agree to this credit card being debited the required fee and the credit card details being destroyed after the transaction is processed.

Cardholder name

Signature

Date

Daytime phone

Credit card type

Visa

Mastercard

Credit card number

Expiry (MM/YY)

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Section I: Declaration

I declare that:

- I am authorised to supply all the information in this form;
- 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 title (If applying as a company)

Signature of agent Date

Section J: Checklist

It is recommended that you use the checklist below to ensure that your application is complete.

- I have completed Section A: Trading details.
- I have completed Section B: Ownership type.
- I have completed Section C: Owner details – Corporation **or** Section D: Owner details – Individual **for each listed owner**.
- I have attached certified identification for the authorised agent (corporation owner) or **for each listed owner** (individual owner/s).
- I have attached a current company extract (corporation owners only).
- I have completed Section E: Business details.
- I have completed Section F: Infection control details
- I have completed Section G: Plan assessment.
- I have attached a set of plans or I have already submitted these to the Health Protection Service).
- I have completed Section H: Fees and payment.
- I have attached payment **or** I have attached evidence of fee exemption.
- I have signed the declaration in Section I: Declaration.