

SKIN PENETRATION REGISTER FORM

Under Section 38(2) of the Public Health Act 2010 & Section 31 of the Public Health Regulation 2012

(Blanks not to be photocopied. Print direct from Intranet)

APPLICANT DETAILS

Business Name: _____

Contact/Owner: _____

ABN/ACN (if any): _____

Address: _____

Phone: _____ Mobile: _____

Email Address: _____

PROCEDURES CARRIED OUT

Please tick which skin penetration activities are performed at the premises:

- Acupuncture
- Beauty Treatments
- Hair Removal
- Manicure and Pedicure Treatments
- Body, Nose and Ear Piercing
- Cosmetic Enhancements (*please specify*) _____
- Colonic Lavage
- Tattooing
- Blood Cholesterol and Glucose Measurements
- Other: _____
- No procedures carried out**

APPLICANT'S AUTHORITY

I hereby apply for the registration of the Skin Penetration Activities at the above mentioned premises listed in this registration, and am aware inspections will be undertaken yearly by Council staff:

Applicant's Signature: _____ Date: _____

NOTES

- Where the procedure premises are mobile, the occupier must notify the local government authority in which the occupiers reside.
- Council must be notified within 7 days of any change of particulars.