

PERSONAL APPEARANCE PROCEDURES NOTIFICATION FORM



1. Proposed Business Details	
Business trading name:	
Address of the premises:	
Type of business: <input type="checkbox"/> Commercial premises <input type="checkbox"/> Home occupation* <i>*If a home occupation, you must have approval / exemption from Planning Services.</i>	
<input type="checkbox"/> New premises <input type="checkbox"/> Existing premises* – change of details/owner <i>*If existing premises and layout has been modified, please provide new floor plan.</i>	

2. Applicant Details			
Proprietor name:			
Postal address:			
Suburb:		Postcode:	
Business phone:		Mobile:	
Email:			
ABN/ACN:			

3. Premises & Procedures	
Hand wash basin is hands-free with a single outlet of warm water provided in the immediate area of the procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquid soap dispenser and single-use paper towel dispenser provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please tick proposed procedures:	
Critical procedures <i>Appliances enter or penetrate the skin. Cleaning and sterilisation/single use required.</i>	
<input type="checkbox"/> Tattooing	<input type="checkbox"/> Acupuncture/dry needling <input type="checkbox"/> Electrolysis
<input type="checkbox"/> Cosmetic tattooing	<input type="checkbox"/> Body piercing <input type="checkbox"/> Branding
<input type="checkbox"/> Lancing	<input type="checkbox"/> Body art <input type="checkbox"/> Platelet rich plasma therapy
<input type="checkbox"/> Other _____	
Semi-critical procedures <i>Appliances may come into contact with mucosa or blood. Cleaning and disinfection required.</i>	
<input type="checkbox"/> Waxing	<input type="checkbox"/> Shaving <input type="checkbox"/> Microdermabrasion
<input type="checkbox"/> Manicure / pedicures	<input type="checkbox"/> Acrylic nails <input type="checkbox"/> Threading
<input type="checkbox"/> Tweezing	<input type="checkbox"/> Other _____

4. Food Requirements	
Do you provide complimentary refreshments? (eg tea/coffee, biscuits etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please ensure food and food contact surfaces (cups/plates etc.) are stored and cleaned in a separate area to work preparation/procedure area.</i>	

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5. Application Requirements – please ensure the following is provided with application	
<input type="checkbox"/>	A detailed cleaning/maintenance schedule
<input type="checkbox"/>	Proposed disinfection/sterilisation techniques
<input type="checkbox"/>	A floor plan detailing all structure and furniture surface finishes, the location of fittings, furniture and sinks.
<input type="checkbox"/>	Step-by-step blood spill/accident clean-up procedure

6. Fees		
<input type="checkbox"/>	New premises	\$80
<input type="checkbox"/>	Existing premises	\$80

7. Declaration	
I, _____ (name of applicant) declare that the information contained in this application is true and correct in every particular.	
Signature of Applicant: _____	Date: _____

Submission of application forms and associated documents to be made by post, email or in person at the City's Administration office – Civic Boulevard Rockingham.

Email: customer@rockingham.wa.gov.au

Post: PO Box 2142

ROCKINGHAM WA 6967

Applications received by email or post will be contacted by phone for payment via credit card.