



## 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

**Contact/Owner:**

**Business Name:**

**Contact/Owner Address:**

**Business Address:**

**Contact Number:**

**ABN/ACN (if any)**

**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

Colonic Lavage

Tattooing

Blood Cholesterol and Glucose Measurements

Cosmetic Enhancements (please specify)

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:

**Applicants 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.