



SKIN PENETRATION REGISTER FORM

UNDER SECTION 38(2) OF THE PUBLIC HEALTH ACT 2010 & SECTION 31 OF THE PUBLIC HEALTH REGULATION 2012

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.