

Gladstone Regional Council

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GLADSTONE
REGIONAL COUNCIL

Public Health (Infection
Control for Personal
Appearance Services)
Act 2003

Part 4 Section 49

Higher Risk Personal Appearance Services Transfer of Licence

Application for Transfer of a Licence to Carry on Business Providing Higher Risk Personal Appearance Services

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Fees are GST exempt unless otherwise stated. Type or print clearly and tick boxes where applicable. If a question does not apply, please indicate by writing "n/a".

Application is for

Transfer Fee: \$ _____

If Transferee/s is a
company, insert Company
name and ACN / ARBN.

If Transferee/s is a
Company / Corporation,
director's names must be
included.

If you select any of the
boxes, please attach a full
explanation to this
application on a separate
sheet.

Transferee/s details

Company Name	ACN / ARBN
Title eg. Mr, Mrs, Miss etc.	
Family Name	
Given Names	

Has the proposed transferee¹ been convicted (or found guilty) of any of the following offences² :

- An indictable offence (drink driving and minor traffic offences are not indictable offences);
- An offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or a corresponding law;³
- An offence against the *Health Act 1937* or an Australian or Foreign law regulating the same subject matter as that Act;
- An offence, relating to the provision of personal appearance services, against an Australian or Foreign law.
- Has the applicant held a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under a corresponding law?
- Has the applicant been refused a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under a corresponding law?
- Has the applicant had an application for the registration of an establishment refused in the *Health Regulation 1995*?
- Has the applicant had the registration of an establishment suspended or cancelled under the *Health Regulation 1996*?

Signature	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position											

¹ Includes a corporation's executive officer

² You are not required to give details of convictions for which the rehabilitation period under the *Criminal Law (Rehabilitation of Offenders) Act 1986* has expired and is not revived under section 11 of that Act.

³ A "corresponding law" is an Australian or foreign law that provides, or provided, for the same matters as the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.

If Transferor/s is a company, insert company name and ACN / ARBN.

Transferor's Details

Company name ACN / ARBN

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I hereby consent to the transfer of this licence to the proposed transferee listed in this application.

Signature Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I hereby consent to the transfer of this licence to the proposed transferee listed in this application.

Signature Date / /

Current Licence No.

Licence No:

Contact details

Contact Person

Home Ph. Home Fax

Mobile e-mail: _____

Fixed Premises

Business name must be registered with the Office of Fair Trading.

If more than one premises, please attach additional information to this form.

Enter postal address if different from street address.

Business details (transferee to complete)

Business Name

Street Address

Locality / Suburb State Postcode

Postal Address (for service of documents)

Locality / Suburb State Postcode

Business Ph. Bus Fax

Mobile: _____ Email: _____

Real Property Description

Lot no. Reg. Plan no. Parish

Mobile Premises

Description of the premises (eg vehicle, caravan details)

Vehicle registration no.

Address where the mobile premises may be inspected

Suburb State Postcode

State the type of higher risk personal appearance services you intend to provide:

Infection Control Qualifications (transferee to complete)

You must have achieved competency standard HLTIN2A - Maintain Infection Control Standards in Office Practice Settings.

List all qualified employees, course/s attended and attach documentation of their qualifications.

Name	Course Attended

Lodgement:

Please attach the following:

1. Full explanation of selected boxes in the Applicant details sections (if applicable).
2. Additional premises details (if applicable)
3. Copies of Infection Control Qualifications.

Note: This application and fee MUST be lodged with your Council.