



# Application to conduct a skin penetration procedure

## Details of applicant

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: H \_\_\_\_\_ M \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## Details of business

Trading name: \_\_\_\_\_

ABN: \_\_\_\_\_

Business address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Nature of skin penetration procedure performed (Please tick all boxes that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Tattooing                    | <input type="checkbox"/> Wax depilation                  |
| <input type="checkbox"/> Hairdressing                 | <input type="checkbox"/> Electrolysis                    |
| <input type="checkbox"/> Acupuncture                  | <input type="checkbox"/> Permanent eye brow / lip lining |
| <input type="checkbox"/> Ear piercing                 | <input type="checkbox"/> Manicure                        |
| <input type="checkbox"/> Body piercing                | <input type="checkbox"/> Pedicure                        |
| <input type="checkbox"/> Other (please specify below) |  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify procedure for sharps disposal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Details of disinfectant**

Brand:

Active ingredient:

Brief description of disinfection procedure: \_\_\_\_\_

**Food**

Do you provide any food or drinks to your clients?    Yes                          No   

*If yes, please complete and attached a food business notification/registration form to this application.*

**This form must be completed in full, failure to do so will delay the assessment of your application.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	
Application:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
_____	Date: _____
Environmental Health Officer	

**Administration Centre:** 241 Rokeby Road, SUBIACO WA 6008 **Postal address:** PO Box 270, SUBIACO WA 6904  
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