



Public Health Risk Activity (Premises)

Document Code: **FO-LES-EH-007**

Version: **2023-24**

Approved Date: **01 July 2024**

Burnie City Council

PO Box 973, Burnie TAS 7320

P 03 6430 5700

E burnie@burnie.tas.gov.au

ABN 29 846 979 690

Public Health Act 1997 Section 96 & 101

Application for: [] **Registration** of Premises where a Public Health Risk Activity may be carried out
 [] **Renewal** of Premises where a Public Health Risk Activity may be carried out

| APPLICANT DETAILS | | | |
|------------------------|---|--------|----------|
| Full Name of Applicant | | | |
| Postal Address | | | Postcode |
| | | | |
| Phone | | Mobile | |
| Email | | | |
| | I/We consent for all correspondence relating to this registration to be delivered electronically to the above email address: <input type="radio"/> YES <input type="radio"/> NO | | |

| BUSINESS DETAILS | | | |
|--|--|---|----------|
| Name of Business | | | |
| ABN <i>(if a registered Company)</i> | | or Date of Birth <i>(if sole trader)</i> | |
| Name depicted on the street frontage of the premises | | | |
| Address of business | | | Postcode |
| | | | |

| ACTIVITY DETAILS | |
|--|--|
| 1. Public Health Risk activities proposed to be conducted in these premises | |
| 2. What training or experience do you require your staff to have in relation to infection control? | |
| 3. How many staff do you have that undertake this public health risk activity? | |
| please ensure that each staff member completes a copy of the attached application form) | |

| SIGNATURE + FEE | |
|--|--|
| Application Fees for Premises 2023-24 (tick one) | |
| <input type="radio"/> \$250 | New Registration – includes application/ assessment/ inspection |
| <input type="radio"/> \$157 | Renewal of Registration |
| <input type="radio"/> \$500 | Retrospective Registration (started operation without registration in place) |
| Signature | Date |

Please lodge your completed form and application fee at the Council Office. Current fees are listed on www.burnie.tas.gov.au

| Office Use Only | Receipt No | Amount | Date |
|-----------------|------------|--------|------|
| | | | |

Privacy Statement

1. Council is committed to upholding your right to privacy. 2. Personal information collected by Burnie City Council is used in the provision of services. 3. Information collected will be retained confidentially and disposed of in accordance with requirements of the Personal Information Protection Act 2004. 4. You have the right to access your own personal information on request.



Public Health Risk Activity (Person)

Document Code: **FO-LES-EH-007**

Version: **2023-24**

Approved Date: **1 July 2023**

Burnie City Council

PO Box 973, Burnie TAS 7320

P 03 6430 5700

E burnie@burnie.tas.gov.au

ABN 29 846 979 690

Application for: Licence to carry out Public Health Risk Activity (operator)
 Renewal of Licence

**Public Health Act 1997
Section 105 & 110**

| Applicant Details | | | |
|--|--|---------------|--|
| Full Name of Applicant | | Date of Birth | |
| Postal Address | | | Postcode |
| | | | |
| Phone | | Mobile | |
| Email | | | |
| I/We consent for all correspondence relating to this registration to be delivered electronically to the above email address: | | | <input type="radio"/> YES <input type="radio"/> NO |

| Premises Details | | | |
|---|--|--|----------|
| Trade name of premises where the applicant will be carrying out this activity | | | |
| Address of premises | | | Postcode |
| | | | |
| Postal address for correspondence | | | Postcode |
| | | | |

| Activity Details | |
|--|--|
| 1. Public Health Risk activities proposed to be conducted by the applicant | |
| 2. Have you been vaccinated against Hepatitis B? | <input type="radio"/> YES <input type="radio"/> NO |
| 3. Have you completed the training course <i>HLTIN402C - Maintain Infection Control Standards in Office Practice Settings</i> , or equivalent, through a registered training organisation? | |
| 4. What other training have you undertaken or experience do you have in relation to infection control? | |

Please attach supporting evidence e.g. certificate of achievement

| Signature | | | |
|--|--|------|--|
| Application Fee (2023-24) Skin Penetration License (operator) is \$58 (GST free) | | | |
| Signature | | Date | |

Please lodge your completed form and application fee at the Council Office. Current fees are listed on www.burnie.tas.gov.au

| Office Use Only | Receipt No | Amount | Date |
|-----------------|------------|--------|------|
| | | | |

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