



Public Health Risk Activity (Premises)

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

Version: **2021-22**

Approved Date: **1 Jul 2019**

Burnie City Council

PO Box 973, Burnie TAS 7320

P 03 6430 5700

E burnie@burnie.net

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: **YES** **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 Fee (2021-22) for Premises \$144 <i>(GST free)</i>			
Signature		Date	

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

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)

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E burnie@burnie.net

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: YES 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="checkbox"/> YES <input type="checkbox"/> 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 (2021-22) Skin Penetration License (operator) is \$53			
Signature		Date	

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Office Use Only	Receipt No	Amount	Date

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