

## Application for Hairdressing Establishment

(Hairdressing Establishment Regulations 1972)

Premises Details		
Name of Business:		
Address of Business:		
ABN:		
Phone Number:		
Email Address:		
Hours of Operation:		
Monday	Friday	
Tuesday	Saturday	
Wednesday	Sunday	
Thursday		
Type of Premises:  Commercial	Home Mobile	Other
Proprietor Details		
Name:		
Postal Address:		
Phone Number:		
Email Address:		
Training and Qualifications Attained (ce	rtificates to be attached to applica	ation)

## Food/drinks to be prepared on premises?

Yes (*Food Act 2008* Notification/Registration Form must be submitted)

🗌 No

Note: If refreshments are provided, they must be prepared in a completely separate room.



Explain how you will undertake the following procedures:

Equipment Sanitization

Laundering Towels & Linen

Cleaning and Maintenance

Disposal of Sharp Equipment

## Site Plan

Please provide a diagram of the proposed layout of the establishment – Sketch above or attach relevant files as appropriate.



## Declaration

I have read:

- Hairdressing Establishment Regulations 1972
- Public Health Guideline for the hairdressing and barber industry

I have attached the following:

- Documented procedures for:
  - Injury management
  - Head lice management
- Training certification/ qualification attainment
- Copy of Public Liability Insurance
- A detailed site plan including:
  - Procedure area (for examples: type of floor covering, walls, ceiling, shelves and fitting);
  - Hand wash basin supplied with warm water;
  - Work stations and preparation area (separate from treatment areas);
  - Preparation area for refreshments (if undertaken)
  - Instruments and equipment storage area;
  - General waste and medical waste receptacles;
  - Laundry facilities; and
  - Natural / Mechanical Ventilation (for example: windows, evaporative air conditioner outlet etc.).

I declare as the person making this application that the information contained in this application is true and correct and that the prescribed fee of **\$95** is enclosed.

Signature of Applicant:	
Date:	