NOTIFICATION OF A SKIN PENETRATION/BEAUTY THERAPY/HAIR DRESSING BUSINESS

Health (Skin Penetration Procedure) Regulation 1998

Hairdressing Establishment Regulations 1972

The City of Karratha is committed to working towards a paperless environment and reducing our environmental footprint, therefore we encourage you to complete and submit your application electronically.

APPLICANT DETAILS	
Name of proprietor(s):	
Name of business:	
Premises address:	
Email:	
Phone:	**Mobile:**
Postal address:	

OWNER DETAILS (if different to Applicant)	
Company name:	**ABN (if applicable):**
Owner name:	**Owner name:**
Signature: **Date:**	**Signature:** **Date:**
The application will NOT proceed without the signature of ALL owners	

BUSINESS DETAILS			
What is the business: (please tick all the boxes that apply, there may be more than one)			
Type:	☐ **Beauty therapy**	☐ **Hairdressing**	☐ **Skin penetration**
What procedures are offered by the business: (please tick all the boxes that apply, there may be more than one)			
High risk procedure:	☐ **Body piercing** ☐ **Ear piercing** ☐ **Tattooing** ☐ **Branding** ☐ **Scarification**	☐ **Cosmetic tattooing** ☐ **Botox** ☐ **Shaving** ☐ **Suspension** ☐ **Stretching with flesh tunnels**	☐ **Colonic irrigation** ☐ **Skill rolling/needling** ☐ **Tattoo removal** ☐ **Other** _____
Moderate risk procedures:	☐ **Manicure/pedicure** ☐ **Artificial nails** ☐ **Acupuncture** ☐ **Teeth whitening**	☐ **Waxing** ☐ **Threading** ☐ **Electrolysis** ☐ **IPL**	☐ **Tweezing** ☐ **Chemical peels** ☐ **Skin whitening/bleaching** ☐ **Other** _____
Low risk procedures:	☐ **Hair cutting** ☐ **Perming** ☐ **Facials** (without chemical peel) ☐ **Tinting or bleaching hair** ☐ **Applying makeup**	☐ **Personal foot spa** ☐ **Dermabrasion/exfoliation** ☐ **Cupping** ☐ **Body wrap** ☐ **Face mask**	☐ **Mud soak/milk bath** ☐ **Spa/hot tub** ☐ **Sauna/steam room** ☐ **Other** _____
Very low risk procedures:	☐ **Applying nail polish** ☐ **Spray tans**	☐ **Light therapy** ☐ **Hair washing/styling**	☐ **Other** _____

HOURS OF OPERATION						
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**

I/we declare that all details in this form are true and correct.	
Signature: _____	**Date:**

Privacy Consent and Disclosure Form

The City of Karratha collects personal and business-related information on this form for the purpose of receiving and processing notification of a skin penetration, beauty therapy, or hairdressing business, determining compliance with applicable public health requirements, maintaining accurate records, and meeting its statutory obligations. This collection is managed in accordance with the *Privacy and Responsible Information Sharing Act 2024* (WA) and the City's Privacy Statement.

Your information may be disclosed to authorised City staff, contractors, consultants, relevant government agencies, emergency services, and law enforcement where required or authorised by law, or where necessary to assess compliance, administer regulatory functions, maintain accurate records, and carry out the City's statutory functions.

This information is collected in accordance with the *Health (Skin Penetration Procedure) Regulations 1998* (WA), the *Hairdressing Establishment Regulations 1972* (WA), the *Health (Miscellaneous Provisions) Act 1911* (WA), the *Local Government Act 1995* (WA), other relevant Western Australian legislation, and is subject to the *Freedom of Information Act 1992* (WA).

By completing this form, you acknowledge that the City will collect, use, and disclose your information as described in this notice. You may request access to, or correction of, your personal information by emailing enquiries@karratha.wa.gov.au or writing to PO Box 219, Karratha WA 6714.

If you do not provide the requested information, or if the information provided is incomplete or inaccurate, the City may be unable to process your notification or carry out the required regulatory functions.

For more information about our privacy practices, please refer to the City's Privacy Policy and Privacy Statement.