

PUBLIC HEALTH REGISTRATION / UPDATE FORM

Note: The occupier of a premises at which a public swimming pool/spa pool is situated, a water-cooling or warmwater system is installed, or where skin penetration procedures are carried out must notify the Local Government Authority for the area within 7 days of any change of particulars provided to the authority on this form.

| Business Details | |
|---|------------------------------|
| Trading/Business Name: | |
| ☐ Mr ☐ Miss ☐ Ms ☐ Mrs | Full Name: |
| Proprietor/Company name: | |
| ABN/ACN: | |
| Location of Premises: | |
| | |
| Postal Address: | |
| Email: | |
| Business Telephone number: | |
| Occupier Contact Details | |
| ☐ Mr ☐ Miss ☐ Ms ☐ Mrs | Full Name: |
| Residential Address: | |
| | |
| Phone (W): Phone (| H): Mobile: |
| Email: | |
| Type of Business/Notification | |
| Hairdressing/Barber | Beauty Salon |
| Water cooling/warm water system Type of system in use: | |
| Skin Penetration Procedures (tick type of procedures in use): | |
| ☐ Waxing ☐ Piercing | ☐ Manicure/Pedicure ☐ Tattoo |
| ☐ Blood Testing ☐ Needling | Other: |
| ☐ Public Swimming Pool/Spa: | |
| ☐ Water Carting (Potable). Water Source Address: | |
| I declare that to the best of my knowledge, the information provided above is accurate and correct. | |
| Signature: | Print Name: |
| Date: | Phone Number: |

Privacy Statemen

The information and personal details provided by you on this Form are managed in accordance with the *Privacy and Personal Information Protection Act* 1998 and Cootamundra-Gundagai Regional Council's policies and procedures as outlined in Councils *Privacy Management Plan*. Should you choose not to provide this information (wholly or in part) this may impact upon consideration of the matter by Council. The information will ultimately be stored in Council's records system.