# Public health risk activity application (operator - ear and body piercing)



#### When to use this form

Use this application if you want to apply for a licence to carry out ear and body piercing in a registered premises.

These practices must be carried out in line with the Public Health Act 1997 and the guidelines for ear and body piercing.

Once you have submitted this application an officer will contact you to arrange for payment to be taken. Please refer to the current fees and charges.

For further information you can contact us at coh@hobartcity.com.au or telephone 03 6238 2711.

### **Applicant details**

I would like to apply for: (Select 1 option) Required
an annual licence
a licence for a short term event
Answer this question if you selected 'a licence for a short term event ' in Applicant details > I would like to apply for:
Start date Required (submitting online? Use the calendar icon on the right to select the date)
D M M Y Y Y
Answer this question if you selected 'a licence for a short term event ' in Applicant details > I would like to apply for:
End date Required (submitting online? Use the calendar icon on the right to select the date)
D D M M Y Y Y

Answer this question if you selected 'a licence for a short term event ' in Applicant details > I would like to apply for:

Are you already licenced by the City of Hobart? (Select 1 option) Required

- yes
  - no

Answer this question if you selected 'yes' in Applicant details > Are you already licenced by the City of Hobart?
What is your registration number? Required
First name Required
Last name Required
Date of birth Required
D D M M Y Y Y
Email address Required
Telephone number Required
Address Required
Preferred contact method (Select 1 option) Required email
telephone
Australia Post

## **Business details**

Business trade name Required (name of business where you will be operating)
Premises address Required (location where you will be operating)
Postal address Required
Email address Required
Telephone number Required
Emergency contact name Required
Emergency contact telephone number Required
What public health activities do you propose to carry out? (Select 1 or more options) Required ear piercing
body piercing

Skip this section if you selected 'yes' in Applicant details > Are you already licenced by the City of Hobart?

#### Questions

As part of this application you are required to complete the following questions. Please make sure you answer each question to the best of your knowledge and training in line with the *Public Health Act 1997* and the <u>guidelines for ear and body piercing</u>.

1. The guidelines for ear and body piercing have been developed under which Act? Required 2. Name three diseases that can be spread by infected blood or other bodily substances. Required 3. What is cross contamination and why is it so important to avoid it? Required 4. Give two examples on how cross contamination can occur during the ear and body piercing procedure. Required

5. Name a solution that can be used to disinfect the skin.	Required

6. If your customer starts to bleed, what basic actions should you take and why? Required


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8. How often should the linen/covers on the treatment table/area be changed? Required

9. Should a client that is showing signs of skin sores/infections at the site to be treated be pierced, why or why not? Required	

10. Describe how you will clean the piercing equipment. Required

11. Describe how you will clean and sterilise reusable equipment. Required

12. What should be used to remove excess fluids (e.g blood) from the area being pierced? Required

13. If the area being pierced needs to be shaved, what sort of razor must be used? Required

14. What type of records should you keep about a client and their procedure? Required


15. Sterilisation is: (Select 1 option) Required

a process that should destroy and eliminate all forms of microbial life, including bacterial spores

a process of removing bodily substances and other debris and reducing the number of micro-organisms by a process such as washing in detergent

a process of eliminating all micro-organisms except bacterial spores

a process which includes all of the above processes.

16. Disinfection is: (Select 1 option) Required

a process that should destroy and eliminate all forms of microbial life, including bacterial spores

a process of removing bodily substances and other debris and reducing the number of micro-organisms by a process such as washing in detergent

a process of eliminating all micro-organisms except bacterial spores

a process which includes all of the above processes

17. Cleaning is: (Select 1 option) Required

a process that should destroy and eliminate all forms of microbial life, including bacterial spores

a process of removing bodily substances and other debris and reducing the number of micro-organisms by a process such as washing in detergent

a process of eliminating all micro-organisms except bacterial spores

a process which includes all of the above processes

18. Handwashing should occur: (Select 1 option) Required
between customers
after using the toilet
after smoking
before putting gloves on & after taking gloves off
all of the above
19. When must gloves be changed and disposed of? (Select 1 option) Required
after answering the telephone
after contact with blood & body fluids
after touching anything that is not clean
all of the above
a and b only
20. Surfaces and equipment can become contaminated when encretered (Select 1 ention)
20. Surfaces and equipment can become contaminated when operators: (Select 1 option) Required adjust overhead light fittings
adjust settings on equipment or power packs
answer the telephone
touch curtains, drapes or bin lids
all of the above
21. Is mobile ear and body piercing services allowed in Tasmania? (Select 1 option) Required
yes
no
22. Can an ear piercing gun be used for body piercing procedures under the guidelines? (Select 1 option) Required
yes
no

Declaration

In making this application: (Select 1 or more options)
I declare that all the information I have provided is true, accurate and complete. Required
I understand that this application is not valid and assessment of the application will not commence until all application fees are paid in full. Required
I acknowledge and agree that if an email address is provided on this application I consent pursuant to Section 6 of the Electronic Transactions Act 2000 to the Council using that email address as a method of contact and for the provision of information by the Council. Required
I agree that by typing my name below I have signed this application. <b>Required</b>
Name of signatory Required
Date       Required       (submitting online? Use the calendar icon on the right to select the date)         D       D       M       M       Y       Y       Y

For information on how the City of Hobart manages, handles and protects personal information it collects please refer to the Privacy Statement and Policy.

End of form