



# HAIRDRESSER APPLICATION

395 Fitzgerald Street  
PO Box 613  
NORTHAM WA 6401  
P: (08) 9622 6100  
F: (08) 9622 1910  
E: records@northam.wa.gov.au  
W: www.northam.wa.gov.au

## APPLICANT DETAILS

Applicant/s Full Name:

Applicants Postal Address:

Mobile:

Home:

Work:

Email:

ABN:

## APPLICANT DECLARATION

I/We declare that all details in this form are true and correct.

Signature of Applicant:

Date:

## PROPERTY DETAILS

Trading Name:

Premises Address:

Type of Business (tick all which are applicable):

- Home Occupation
- Mobile
- Commercial

Type of Activities

- Hairdressing
- Shaving e.g. use of cut throat/disposable razors
- Other: please detail treatments/procedures offered:

## FACILITIES, PROCEDURES AND PROCESSES

### Facilities – General Requirements:

- Type of floors (e.g. non slip tile, vinyl etc): \_\_\_\_\_
- Wall finishes (painted, tiled etc): \_\_\_\_\_
- Number of workstations: \_\_\_\_\_
- Is the premises connected to sewer? **Yes/No**
- Sanitary facilities for staff and patrons? **Yes/No**
- General and Medical waste receptacles e.g. Sharps container (AS4031 compliant) **Yes/No**

### Facilities – Handwashing:

- Number of hair wash basins (minimum 1 per 3 workstations): \_\_\_\_\_
- Is hot water service provided at hair wash basins? **Yes/No**
- Are the hand wash basin/s fitted with hands free operation with hot and cold water, through a single outlet and supplied with liquid soap and paper towel? **Yes/No**

### Facilities –Laundry:

- Receptacle for used, dirty or soiled linen? **Yes/No**
- Are facilities available on the premises or taken home for laundering? **Yes/No**
- Is a dryer being installed (this must have adequate exhaust ventilation)? **Yes/No**
- Are the laundry facilities Separate from staff facilities and/or food preparation area)? **Yes/No**

### Facilities –Staff facilities:

- Is a sink with hot and cold running water separate from equipment wash up sink? **Yes/No**
- Is there a storage cupboard for personal belongings? **Yes/No**
- Personal protective clothing worn:
  - Gloves Eye protection Aprons/gowns Face masks
  - Other (please specify): \_\_\_\_\_
  - First aid kit provided? **Yes/No**

### Ventilation:

- Ventilation type:
  - Natural  Mechanical (AS3666 Compliant)
- \* If mechanical ventilation proposed to be installed will be an evaporative air conditioner, please complete an application for the installation of an air handling system.
- Exhaust or extraction proposed to be installed to remove vapours and fumes arising from manicures and pedicures to external air **Yes/No**

Disinfection Procedures/Products:

- Disinfection procedure for equipment and instruments? **Yes/No**
- Is at least one vessel containing at least 1 litre of disinfecting solution to be provided for each work station **Yes/No**
- Type of disinfecting solution:
  - Minimum 70% W/W ethyl alcohol
  - Glutaraldehyde solution of 1% V/V
  - Hypochlorite solution of 0.5% V/V freshly
  - Isopropyl alcohol 70% V/V

<b>REQUIRED SUPPORTING DOCUMENTATION/ACKNOWLEDGMENT OF APPLICATION REQUIREMENTS</b>	<b>✓ / x</b>
A copy of the internal fittings detailed layout showing the locations of the: Hairdressing area (please indicate the type of floor covering, walls, ceiling, shelves, fittings and any other furniture present and work station locations).	
A copy of the internal fittings detailed layout showing the locations of the: Hair wash basin supplied with hot and cold water.	
A copy of the internal fittings detailed layout showing the locations of the: Hands free type hand wash basin supplied with hot and cold water, soap and paper towels.	
A copy of the internal fittings detailed layout showing the locations of the: Sink designated for cleaning and decontaminating equipment only.	
A copy of the internal fittings detailed layout showing the locations of the: Instruments and equipment storage area.	
A copy of the internal fittings detailed layout showing the locations of the: General waste hair wastes and medical waste receptacles.	
A copy of the internal fittings detailed layout showing the locations of the: Laundry and Sanitary facilities.	
Natural/mechanical ventilation & certificate of compliance for AS1668 & AS3666 (e.g. windows, evaporative air conditioner outlet, exhaust/extraction etc.)	
Natural/mechanical ventilation & certificate of compliance for AS1668 & AS3666 (e.g. windows, evaporative air conditioner outlet, exhaust/extraction etc.)	
Payment of Annual Registration fee \$110 (this will be invoiced upon application). Applications are not deemed received by the Shire until payment has been made in full.	

<b>OPTION 1</b>	<b>In-person Cash and EFTPOS</b> 395 Fitzgerald Street, Northam WA 6401
<b>OPTION 2</b>	<b>Cheque</b> PO Box 613, Northam WA 6401
<b>INCOMPLETE FORMS CANNOT BE PROCESSED AND WILL DELAY YOUR APPLICATION</b>	

I (full name), \_\_\_\_\_, authorise the

Shire of Northam to deduct \$60.00, application fee

\$110.00, annual registration from: \_\_/\_\_/\_\_\_\_

Please tick appropriate card type:  MasterCard  Visa  Debit Card

Card Number: \*

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<b>Full Name on Card:</b>	
<b>Expiry Date:</b>	/ / 20
<b>Phone Number:</b>	
<b>Signature:</b>	
<b>Date submitted:</b>	/ / 20

**Office Use Only - GL**

*Please submit competed applications to [records@northam.wa.gov.au](mailto:records@northam.wa.gov.au)*