



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

REQUIRED SUPPORTING DOCUMENTATION/ACKNOWLEDGMENT OF APPLICATION REQUIREMENTS	✓ / x
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.	

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

I (full name), _____, authorise the

Shire of Northam to deduct \$63.00, application fee

\$121.00, annual registration from: __/__/____

Please tick appropriate card type: MasterCard Visa Debit Card

Card Number: *

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

Office Use Only - GL

Please submit competed applications to
records@northam.wa.gov.au