

Hairdressing, Beauty and Skin Penetration Premises Notification Form



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ABN 52 535 526 439

This notification form is to be completed by businesses conducting hairdressing, beauty or skin penetration procedures. Please use block letters. Submit via mail, fax, email or in person.

**bolded fields indicates mandatory entry*

New business [] **Updating existing business details** []

Proprietor / Company Details

Proprietor/Company Name*		ABN
Contact Person*		
First Name	Surname	
Position		
Postal address *		
Shop/Unit No	Street No	Street
Suburb*	Postcode*	State*

Business Details

Trading Name*		
Street address *		Please tick if home-based business []
Shop/Unit No	Street No	Street
Suburb*	Postcode*	State*
Phone* (work)	(mobile)	(fax)
Email*		
Date business commenced*		
Procedures Conducted at Premises (Please Tick):		
<input type="checkbox"/> Hairdressing <input type="checkbox"/> Nail Treatment <input type="checkbox"/> Colonic Irrigation/Lavage <input type="checkbox"/> Ear/Nose Piercing <input type="checkbox"/> Waxing <input type="checkbox"/> Tattooing <input type="checkbox"/> Cosmetic Tattoo/Micropigmentation <input type="checkbox"/> Body Piercing		<input type="checkbox"/> Acupuncture/Dry Needling <input type="checkbox"/> Electrolysis <input type="checkbox"/> Lancing <input type="checkbox"/> Threading <input type="checkbox"/> Laser Treatment <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Cutting/Scarring of the Skin <input type="checkbox"/> Other: _____

Declaration

Notification submitted by		
Name _____	Position _____	Date ____ / ____ / ____
Signature _____		

Updated December 2018

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