

PUBLIC SWIMMING AND/OR SPA POOL REGISTRATION

Public Health Act 2010 and Public Health Regulation 2012

Date:

Authority No:

Section 1 Premises details

Name of business:

Contact name:

Street address:

Suburb State P/Code

Postal address:

Suburb State P/Code

Contact Nos: Phone: Mobile:

Email address:

ABN or ACN Number:

Signature: Date:

Section 2 Contact details

Name proprietors/partners (in full)

1. Signature:

2. Signature:

3. Signature:

Residential address of proprietors/partners

1.

2.

3.

Phone numbers of proprietors/partners

1. Business: Mobile: Home:

2. Business: Mobile: Home:

3. Business: Mobile: Home:

Email address of proprietors/partners

1.

2.

3.

Section 3 Facility type	
<input type="checkbox"/> Motel	<input type="checkbox"/> Caravan park
<input type="checkbox"/> Learn to swim	<input type="checkbox"/> Olympic
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Resort
	<input type="checkbox"/> Bed & Breakfast

Section 4 Pool/Spa type	
Please indicate total number of pools/spas to be registered:	
<input type="checkbox"/> Outdoor pool	1. Size:
	2. Size:
	3. Size:
<input type="checkbox"/> Indoor pool	1. Size:
	2. Size:
	3. Size:
<input type="checkbox"/> Outdoor spa	
<input type="checkbox"/> Indoor spa	
<input type="checkbox"/> Other (please specify):	
Dosing system	
<input type="checkbox"/> Automatic	<input type="checkbox"/> Continuous
	<input type="checkbox"/> Hand
Disinfectant type	
<input type="checkbox"/> Chlorine	<input type="checkbox"/> Bromine
	<input type="checkbox"/> Other:

The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.

GUIDELINES / NOTES
1. Bathurst Regional Council must be notified within seven days of any change of particulars.