



Form 3:

**Application for a Licence to Use a Laser  
Apparatus - Cosmetic or Medical Purposes**

**Privacy Statement:** The Department of Health provides this form under the *Radiation Safety Act 1999* so that you may apply for an Act Instrument. The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. Licence details of successful applicants will be publicly available on the department's register of holders of licences and certificates as required by the Act. The department will not disclose personal information or supporting documents to third parties without consent unless required or authorised by law.

**This application is to be completed by individuals seeking a licence to use laser apparatus for cosmetic, medical, or associated purposes in Queensland.**

Client No. (if known):

To the Chief Executive:

Application No. (Qld Health use only):

**Part A: Details of applicant****1. Name and contact details**

Salutation

Surname

Given Names

Phone No.

Email Address

**2. Proof of identity**Certified copies of proof of identity documents, as described on page 4 of this form, must be provided.

Attached?

**3. Residential address**

Address

Suburb

State

Post Code

Country

(if not Australia)

**4. Postal address** (address for correspondence - if same as residential address, type 'as above')

Address

Suburb

State

Post Code

Country

(if not Australia)

**Part B: Current licence status**

Do you hold a use licence in Queensland or in another Australian jurisdiction?

If yes, provide a full copy of your licence

**Part C: Term of licence and associated costs****For applicants who currently hold a use licence in Queensland**

application fee (non-refundable):

**For applicants seeking a new use licence - select the term of licence required**☐ 1 year

application fee (non-refundable) and licence fee:

☐ 2 years

application fee (non-refundable) and licence fee:

☐ 3 years

application fee (non-refundable) and licence fee:

## Part D: Details of qualifications, training and experience

### 1. What is your profession or occupation?

- |   |  |
|---|--|
| <input type="checkbox"/> Aesthetician     | <input type="checkbox"/> Medical Practitioner              |
| <input type="checkbox"/> Beauty Therapist | <input type="checkbox"/> Medical Practitioner - Specialist |
| <input type="checkbox"/> Dermal Therapist | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Registered Nurse |  |

If other, specify:

### 2. If applicable, provide evidence of your professional registration (e.g. extract from Ahpra public register)

Evidence attached?

### 3. What are your formal qualifications?

Copies of your qualifications must accompany your application.

### 4. What training have you undertaken?

Copies of your training certificates must accompany your application.

This must include evidence of completion of laser safety training. If you are not a medical practitioner, this should also include evidence that you have completed infection prevention and control training.

If you are seeking a licence to use laser apparatus for cosmetic purposes, you will also need to provide evidence of completion of laser application training specifically related to the cosmetic procedure proposed to be undertaken.

### 5. What is your specific experience in using radiation sources for your intended purpose?

Confirmation of this experience and any other relevant information must accompany your application.

If you do not have any experience and you are seeking a licence to use laser apparatus for cosmetic purposes, include details of how you intend to gain your competency in the use of laser apparatus. This must include:

- (a) a statement confirming the training and supervisory arrangements from your proposed trainer, which includes their use licence number, and
- (b) a statement from the owner of the laser apparatus confirming the arrangements, the training location, and their possession licence number.

Evidence of your qualifications, training and experience attached?

## Part E: What radiation sources are you seeking to use, and why?

### ☐ Laser apparatus in a commercial cosmetic laser practice

Select from the following purpose categories:

- ☐ Use for skin rejuvenation
- ☐ Use for superficial capillary reduction
- ☐ Use for hair removal
- ☐ Use for tattoo removal

If not specified above, state the type of radiation apparatus you wish to use, and the intended purpose

☐ **Laser apparatus in a medical or surgical environment**

Select from the following purpose categories:

- ☐ Use as part of the provision of medical services within a specialist dermatology practice
- ☐ Use as part of the provision of medical services within a specialist plastic surgery practice
- ☐ Use for medical or surgical procedures
- ☐ Use for non-cosmetic and non-ablative light therapy treatments
- ☐ Use for operational checks

**If not specified above, state the type of radiation apparatus you wish to use, and the intended purpose**

## Part F: Declaration

- 1. Have you been convicted of an indictable offence? ☐ Yes ☐ No
- 2. Have you been convicted of an offence against this Act or a corresponding law? ☐ Yes ☐ No
- 3. Have you held a licence under this Act, or a similar instrument under a corresponding law, that was suspended or cancelled? ☐ Yes ☐ No

If the answer is 'yes' to any of the above, please provide details of the offence, the nature of the offence and the circumstances of its commission. Applicants are advised that in order to ensure the requirements of the *Radiation Safety Act 1999* are met, the information contained in this application may be provided to relevant external agencies in certain circumstances.

Attach additional information, if required.

## Part G: Completion of Application

I hereby apply for a licence to use a radiation apparatus, as detailed in this application.

Signature of applicant:

Date:

## Proof of Identity Documents

If the licence is to be in the name of an individual, proof of identity documents must be submitted with the application. The application will not be accepted if this requirement is not met.

Please note that at least one document must contain a photograph of the applicant.

### Certification of Proof of Identity Documents

The copies of the identity documents must be certified by either:

- a commissioner for declarations
- justice of the peace
- notary public
- Police officer (certifying officer to include name, rank and name of their police station)
- Teacher (certifying individual to include name and teacher registration number)
- Ahpra registered health practitioner (certifying individual to include name and professional registration number)

The application will not be accepted if copies of your identity documents are not correctly certified.

Submit a certified copy of one primary identity document and a certified copy of one secondary identity document from the lists below.

#### Primary identity documents

- ☐ 1. Australian birth certificate
- ☐ 2. Overseas birth certificate accompanied by a passport or Australian visa document issued by the Commonwealth department in which the Migration Act 1958 (Cwlth) is administered
- ☐ 3. A travel-related document under the Australian Passports Act 2005 (Cwlth)
- ☐ 4. Australian passport that is current or has not been expired for more than 2 years
- ☐ 5. Current foreign passport
- ☐ 6. Document evidencing Australian citizenship issued by the Commonwealth department in which the Migration Act 1958 (Cwlth) is administered
- ☐ 7. Australian driver licence that is current or has not been expired for more than 2 years

#### Secondary identity documents

- ☐ 1. Current identification card issued by the Commonwealth or a State as evidence of the person's entitlement to a financial benefit
- ☐ 2. Account statement issued by a financial institution within the previous year
- ☐ 3. Document evidencing discharge from military service within the previous 2 years
- ☐ 4. Student identification card containing the person's photograph and signature that is current or has not been expired for more than 2 years
- ☐ 5. Document evidencing enrolment in a school, university, training institution or professional college within the previous 2 years
- ☐ 6. Document evidencing electoral enrolment within the previous 2 years
- ☐ 7. Utilities account statement issued by a utilities provider within the previous year
- ☐ 8. Notice of land valuation, water rates or council rates issued within the previous year

## Note for the Applicant

The *Information Privacy Act 2009* sets out the rules for the collection and handling of personal information. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au).

## How to Submit the Application

Please post your signed and completed application form, associated documentation and payment information to:

The Chief Executive  
c/- Public Health Licensing  
Health Protection and Regulation Branch  
Queensland Department of Health  
PO Box 2368  
FORTITUDE VALLEY BC QLD 4006

Your application will not be accepted unless the applicable payment is provided.

For further information about the submission of applications, please type 'Queensland radiation licensing' into your favourite browser and follow the prompts.

### Note:

*The application fee is not refundable if this application is not successful or if you decide to withdraw your application.*

## Fee Exemptions

Existing use licensees who, under their licence, are allowed to use a radiation source to carry out a diagnostic or therapeutic procedure (i.e. medical procedure) involving the irradiation of a person are not required to pay the application fee if they are applying for another use licence to carry out a diagnostic or therapeutic procedure involving the irradiation of a person.

## Fee to be Paid

Fees payable increase on 1 October each year. On 1 October 2023, the fees quoted in this application form were increased by 3.4% in line with Government's indexation policy.

## Payment Options

*(Note: This is a GST free item. Queensland Health ABN: 66 329 169 412)*

Payment of your application must be made via credit card. Complete payment details below and submit with your completed application.

**DO NOT EMAIL THIS PAYMENT PAGE AS SECURITY OF YOUR CREDIT CARD INFORMATION CANNOT BE ASSURED**

Name of Applicant:

Charge fee payable:

to my:

☐ MasterCard

☐ Visa Card

Name on card:

Cardholder's  
signature:

Card number:

Expiry date: