**Aquatic Facility Registration Renewal Application**

Public aquatic facilities are regulated under the [Public Health and Wellbeing Act 2008 and the Public Health and Wellbeing Regulations 2019](https://www.health.vic.gov.au/legislation/public-health-and-wellbeing-act-2008). The regulations outline registration requirements, general duties of aquatic facility operators, the minimum water quality requirements for aquatic facilities, response procedures for non-compliant water quality, requirements for aquatic facilities suspected or implicated as a source of infection and record-keeping.

Please refer to Page 4 to determine whether you are required to Register or Notify your Aquatic Facility with Murrindindi Shire Council?

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| **Applicant Details** |
|  **Proprietor** **Is this proprietor a contact for this application? Yes**[ ]  **/No** [ ]  **If ‘no’ please ALSO complete the Contact section below** |  |
|  | Title\* |  | Surname\* |  | Given Names \* |  |  |  |
|  |  |  |  |  |  |  |
|  | ABN | ACN |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Business Name | Company Name |
|  |  |  |  |  |
|  | **Address** |
|  | Street Address/ Postal Address\* |
|  |  |  |
|  | Suburb / Town\* |  | State \* |  | Postcode \* |  |
|  |  |  |  |  |  |  |
|  | Business Phone |  | After Hours Phone |  |   |  | Mobile |  |
|  | (      ) |  | (      ) |  |   |  | (      ) |  |
|  | Email  |  |  |
|  |  |  |  |  |
|  | **Proprietor 2 (if applicable)** |  |  |
|  | Title\* |  | Surname\* |  | Given Names \* |  |  |  |
|  |  |  |  |  |  |  |
|  | ABN | ACN |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Business Name | Company Name |
|  |  |  |  |  |
|  | **Address** |
|  | Street Address/ Postal Address\* |
|  |  |  |
|  | Suburb / Town\* |  | State \* |  | Postcode \* |  |
|  |  |  |  |  |  |  |
|  | Business Phone |  | After Hours Phone |  |   |  | Mobile |  |
|  |  |  |  |  |  |  |  |  |
|  | Email |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Contact Details** |
|  | **Contact for this application**  |  |
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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title\* |  | Surname\* |  | Given Name(s) \* |  |  |
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| ABN | ACN |
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|  |  |
| --- | --- |
| Business Name | Company Name |
|  |  |  |

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|  |
| --- |
| **Address** |

 |  |
|  | Street Address \* |  |
|  |  |  |
|  | Suburb / Town |  | State  |  | Postcode  |  |
|  |  |  |  |  |  |  |
|  | Business Phone |  |  After Hours Phone |  |   |  | Mobile |  |
|  | (      ) |  | (      ) |  |  |  | (      ) |  |
|  | Email  |  |  |
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| **Premise Details** |
| Aquatic Facility Name / Trading Name \* Street Address\* Suburb/Town\* State\* Postcode\*ABN\*Business Telephone\*

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|  |  | **Facility type (open to public)** |  |  |  |
|  | Type of facility  | Description  |  |  |  |
| Swimming pool |  | □Toddler □25M □50M □100M □waterslide |  |  |  |
| Spa pool  |  |  |  |  |  |
| Interactive water feature (splash park) |  |  |  |  |  |
| Swim school |  | □Toddler □25M □50M □100M □waterslide |  |  |  |
| Childhood service, school or other educational institution |  |  |  |  |  |
| Residential aged care |  |  |  |  |  |
| Public or private hospital |  |  |  |  |  |
| Multi-purpose service (public hospital, health services, aged care services, community services.) |  | Please specify: |  |  |  |
| Other (please specify if not listed above) |  |  |  |  |  |
|  |  | **Water quality risk management plan** |  |  |  |
| DHHS Water quality risk management plan template |  |  |
| Other (please specify) |  |  |  |  |

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| **Payment Details** |
| Please contact Murrindindi Shire Council on 03 5772 0333 to confirm appropriate fee and arrange payment.\*Registration period is annually: 1 January to 31 December of each year. |
| **Declaration** |
| This application is for application for registration of an Aquatic premises under the Public Health & Wellbeing Regulations 2019 onlyI understand and acknowledge that: - The information provided in this application is true and complete to the best of my knowledge - This application forms a legal document and penalties exist for providing false or misleading information - I am over 18 years at the time of completing this application  |
|  |  | By marking this checkbox I confirm that I have read and understood all the statements above \* |  |  |  |
|  |  | Name of person completing this application \* (Please print clearly) |  | **Date** \* |  |
|  |  |  |  |  |  |
|  |  | Signature of person completing this application \* |  |  |  |
|  |  |  |  |  |  |
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| **Privacy Statement** |
| The personal information requested in this form is being collected by Murrindindi Shire Council for the purpose of this application. We will not disclose your personal information without your consent, except where required to do so by law. To view our privacy policy, visit our website at [www.murrindindi.vic.gov.au/privacy](http://www.murrindindi.vic.gov.au/privacy) [ ]  If you do not wish for us to update our records with the information provided, please check this box.  |

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| **Lodgement** |
| **Post your application to:**Murrindindi Shire CouncilEnvironmental Health 28 Perkins Street ALEXANDRA VIC 3552**OR**Email: eho@murrindindi.vic.gov.au  |
| If you have any questions or concerns or require any assistance completing this form please contact Council on (03) 5772 0333 or via email at eho@murrindindi.vic.gov.au |

**What the Regulations state in regards to Registration or Notification**

**The following types of public aquatic facilities that must comply with the *Public Health and Wellbeing Regulations 2019 (the regulations)* and the *Water quality guidelines for public aquatic facilities – managing public health risks (the Water Quality Guidelines)*:**

### **Category 1 aquatic facility:**

**Means a swimming pool, spa pool or interactive water feature that –**

1. is used by members of the public, whether free of charge or on payment of a fee; or
2. is used in association with a class or program that is offered free of charge or on payment of a fee; or
3. is located at the premises of an early childhood service, school or other educational institution; or
4. is located at premises at which residential aged care services are provided; or
5. is located at any of the following premises:
	1. a public hospital;
	2. a multi-purpose service1;
	3. a denominational hospital;
	4. a private hospital;

1The functions of a multi-purpose service are the provision of any or a combination of the following – (a) public hospital services; (b) health services; (c) aged care services; (d) community care services; and further criteria as defined in the Health Services Act 1998.

### **Category 2 aquatic facility**

**Means a swimming pool or spa pool that is used by members of the public2 and located at the premises of the following –**

1. a residential apartment complex;
2. a hotel, motel or hostel;

2While the term ‘members of the public’ is not defined in the regulations, the term in the context of a “category 2 aquatic facility” means persons other than the owners and residents of a residential apartment complex, hotel, motel or hostel.

**The following types of aquatic facilities are not required to comply with the regulations and the Water Quality Guidelines:**

### **Exempt facility**

**Means any of the following –**

1. a spa pool that is, or is intended to be, emptied of water after each use;
2. a floatation tank3;
3. a spring water pool that has a turnover rate of at least 25 percent of the entire volume of the water in the pool to waste each hour;
4. a waterway within the meaning of section 3(1) of the Water Act 1989;
5. private dam within the meaning of section 3(1) of the Water Act 1989;

3Floatation tank means a heated, highly saline, fluid-filled enclosed tank designed for individual therapeutic use.