



Notification for a: Aquatic Facility Premise

Public Health and Wellbeing Act 2008

opportunity » growth » lifestyle

The Public Health and Wellbeing Act 2008 regulates all public health and wellbeing premises.

Category 2 Aquatic Facilities (defined as a swimming pool or spa pool that is used by members of the public and located at the premises of either a residential apartment complex or hotel, motel or hostel) although not required to register the facility with Council, the aquatic facility must notify Council.

IMPORTANT – This form is only applicable to aquatic facilities located at premises of either a residential apartment complex or hotel, motel or hostel. If any other activities are being conducted, such as learn to swim or hydrotherapy classes, please contact Council. These premises are still required to comply with all relevant Regulations.

To: Environmental Health Unit
Frankston City Council
PO Box 490
Frankston 3199

Civic Centre
Corner Young and Davey Streets Frankston
Phone: (03) 9784 1915
Email: health@frankston.vic.gov.au

| Business details | |
|---|-----------------|
| Proprietor (sole trader or Pty Ltd): | |
| Note: A Trust is not a legal entity for the purpose of the PHW Act. The proprietor for a Trust is the Trustee/s | |
| Proprietor Residential Address: | |
| Proprietor Postal Address (if different from above): | |
| Business Trading Name: | ABN No.: |
| Business Trading Address: | |
| Contact person: | Business Phone: |
| Email: | Mobile: |
| Aquatic Facility Related Details | |
| Please advise how many bodies of water at the premises and the description of the pool: Bodies of Water: _____ Spa: Yes/No Number: _____ Length: _____ Depth: _____ | |
| Declaration | |
| I understand and acknowledge that: | |
| <ul style="list-style-type: none"> • I must have a water quality risk management plan & comply with the regulations and Water Quality Guidelines • The pool/spa located at the above stated address is used by members of the public and located at the premises of either a residential apartment complex or hotel, motel or hostel • The information provided in this notification is true and complete to the best of my knowledge • This notification is a legal document and penalties exist for providing false or misleading information | |
| Proprietor Name: | |
| Proprietor Signature: | Date: |
| Privacy Statement | |
| The personal information requested on this form is being collected by Council for the Health notification. This information will be used solely by Council for that primary purpose or directly related purposes and will not otherwise be disclosed without your consent or as required or permitted by law. You may apply to Council for access and/or amendment of the information. | |

