



CATEGORY 1 AQUATIC FACILITY REGISTRATION TRANSFER FORM

OVERVIEW

Under the Public Health and Wellbeing Regulations 2019, public aquatic facilities are divided into two risk categories – Category 1 and Category 2.

A Category 1 aquatic facility includes a swimming pool, spa or interactive water feature that is:

- Used by members of the public regardless as to whether a fee is charged OR;
- Used to hold a class or program e.g. swimming lessons OR;
- Located at an early childhood service, school or other educational institution OR;
- Located at a residential aged care service OR;
- Located at a hospital or multipurpose service.

All Category 1 aquatic facilities are required to be registered with their local Council. Use this form to apply to transfer the registration of a category 1 aquatic facility.

APPLICATION FEE

Registration Transfer Category 1 Aquatic Facility	\$345.00 GST exempt
Cost for each additional pool or spa	\$153.00 GST exempt

EXISTING AQUATIC FACILITY PROPRIETOR DETAILS:

Owner type: Company Individual Partnership

Name/s:
If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s.

Proprietor's address (registered address if company):

Suburb:

Postcode:

Proprietor's postal address (if different from above):

Suburb:

Postcode:

Mobile:

Business Telephone:

Email:

ACN/ABN:

Contact the City of Casey:

Web: casey.vic.gov.au
Email: caseycc@casey.vic.gov.au
Phone: 03 9705 5200
Post: PO Box 1000, Narre Warren VIC 3805
NRS: 133 677 (for the deaf, hearing or speech impaired)

Customer Service Centres:

Narre Warren: Bunjil Place, Patrick Northeast Drive
Cranbourne: Cranbourne Park Shopping Centre
ABN: 43 320 295 742



PROPOSED (NEW) AQUATIC FACILITY PROPRIETOR DETAILS:

Proprietor type: Company Individual Partnership

Name/s:

If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s.

Proprietor's address (registered address if company):

Suburb:

Postcode:

Proprietor's postal address (if different from above):

Suburb:

Postcode:

Mobile:

Business Telephone:

Email:

ACN/ABN:

Are you also the aquatic facility operator? Yes No

If no, please provide the details of the aquatic facility operator below.

Aquatic facility operator name:

Aquatic facility operator postal address:

Mobile:

Business phone:

Email:

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PREMISES DETAILS:

Trading Name:	Premises Registration Number:
Premises address:	
Suburb:	Postcode:
Name of operator:	
Mobile:	Business Telephone:
Email:	
<p>NOTE: All category 1 aquatic facility registrations are subject to the condition prescribed in section 44 of the Public Health and Wellbeing Regulations 2019 (the Regulations) which requires the registration holder to ensure that the standards and requirements for a category 1 aquatic facility as set out in subdivision 2 of the Regulations - <i>General duties of aquatic facility operator</i> are complied with.</p> <p>The registration may be subject to additional conditions. These will be listed on the Certificate of Registration.</p>	

DETAILS OF AQUATIC FACILITIES AT PREMISES:

Number of aquatic facilities located at the premises:		
	Description of each facility e.g. wading pool, spa	A current water quality risk management plan exists for each facility Y/N
Facility 1		
Facility 2		
Facility 3		
Facility 4		
Facility 5		
Facility 6		

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DECLARATION:

I 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 of age at the time of completing this application.
- I acknowledge the commercial operation of an aquatic facility requires appropriate commercial water treatment infrastructure to maintain water quality. The equipment at the proposed facility is of commercial standard and is further detailed in the risk management plan.

By marking this checkbox and signing below, I confirm that I have read and understood all the statements above.

Existing aquatic facility owner signature/s:		New aquatic facility owner signature/s:	
Print name:		Print name:	
Authority: (if on behalf of a company)		Authority: (if on behalf of a company)	
Date:		Date:	

LODGEMENT

Submit your completed form to us.



EMAIL:

caseycc@casey.vic.gov.au



IN PERSON:

Bunjil Place Customer Service
2 Patrick Northeast Drive, Narre Warren

Cranbourne Customer Service
Shop 156, Cranbourne Park Shopping Centre,
South Gippsland Highway Cranbourne

Please refer to the City of Casey website for opening hours.



MAIL:

City of Casey
PO Box 1000,
Narre Warren, VIC 3805

PRIVACY STATEMENT:

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014*. All personal information collected by the City of Casey will only be used for the purpose outlined within our Privacy Policy. Council's Privacy Policy is available from our website www.casey.vic.gov.au and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website www.casey.vic.gov.au or by calling on **9705 5200**.

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