



Application for registration of aquatic facility

What you need to do



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Submit application

Submit your application at any Port Phillip Town Hall or via email



Receive your invoice

Once your application is processed you will receive an invoice for payment.

Read before starting

How to apply

Submit this form and required supporting documentation:

✉ healthservicesunit@portphillip.vic.gov.au

✉ Health services
City of Port Phillip
Private Bag 3, St Kilda VIC 3182

Further information

☎ 03 9209 6292

🌐 portphillip.vic.gov.au

1 Declaration

☐

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

☐

A current water quality risk management plan exists for each aquatic facility (to be confirmed by operator).

Privacy policy

This information is collected by the City of Port Phillip under the requirements of the Public Health and Wellbeing Act 2008 for enforcement and Public Health act purposes. It may be provided to the Department of Health and Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with CoPP Information Privacy Policy and the Information Privacy Act.

2 Owner's details**Owner 1**

First name

Last name

Owner 2

First name

Last name

If the business is owned by a partnership, all owner(s) must print name(s). If the owner is a company or association, specify name of person completing the application and authority (e.g. Director of company).

Company name
(If applicable)**Authority** (the person authorised to make application on behalf of the company)

Unit number

Number

Street name

Suburb

State

Postcode

Phone number

Email

Contact person☐

Same as owner (go to Signature)

First name

Last name

Phone number

Email

Signature (Owner)

DD / MM / YY

Name

Position

3 Operator's details☐ Same as owner (Go to Question 4)**Owner 1**

First name

Last name

Owner 2

First name

Last name

If the business is owned by a partnership, all owner(s) must print name(s). If the owner is a company or association, specify name of person completing the application and authority (e.g. Director of company).

Company name
(If applicable)**Authority** (the person authorised to make application on behalf of the company)

Phone number

Email

Contact person☐ Same as operator's (go to Signature)

First name

Last name

Phone number

Email

Signature (Owner)

DD / MM / YY

Name

Position

4 Facility details

Name of aquatic facility

Address of aquatic facility

Unit number	Number	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>

Number of aquatic facilities located at the premises

Description of each facility (e.g. indoor or outdoor, lap pool, diving pool, splash pool, toddlers pool, recreational, hydrotherapy, interactive water features, spa)