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| --- |
| Application for registration of a cooling tower system  |
| Department of Health, Victoria  |
|  |

Telephone: 1300 767 469 Email: legionella@health.vic.gov.au

**Please ensure that you print in BLOCK LETTERS and answer every question.**

### **Site address.**

**Complex name: (Please provide a site building name which helps identify the premises)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Complex address:**

Level / Unit: Level \_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_ Street number from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street type (i.e avenue, street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_

PO Box Number \_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_

Does this site already have a CTS registered with the Department of Health? Yes\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

Note: This site address must be valid. We may contact you if it does not match LandVic data.

### **Responsible person (must be a person)**

**Contact details of the responsible person who monitors any ongoing maintenance**

Title\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AH phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsible person's address**

Level / Unit: Level \_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_ Street number from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street type (i.e avenue, street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_\_\_

PO Box Number \_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_

### **CTS details**

Location (i.e. on the roof) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area served (i.e. how many floors)\_\_\_\_\_\_\_\_\_

Nature of the business (i.e. Education, Dairy industry, manufacturing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of towers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physical details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose (i.e. air conditioning, industrial process, refrigeration) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Land owner details**

**Name of the person/organisation that owns the land where the cooling tower system(s) is/are located.**

Title:\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ABN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Land owner’s registered office address and contact details.**

Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AH phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level / Unit: Level \_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_ Street number from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street type (i.e avenue, street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_

PO Box Number \_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_

**Land owner’s postal address. If the same as registered office address, select ‘as above’.**

As above □

Level / Unit: Level \_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_ Street number from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street type (i.e avenue, street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_

PO Box Number \_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_

### **Agent**

**Name of the agent who the landowner has allowed to act on their behalf.**

Title:\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ABN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agent’s registered office address and contact details.**

Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AH phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level / Unit: Level \_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_ Street number from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street type (i.e. Avenue, Street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_

PO Box Number: \_\_\_\_\_\_\_\_\_\_Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_

**Agent’s postal address. If the same as registered office address, select ‘as above’**

As above □

Level / Unit: Level \_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_ Street number from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street type (i.e avenue, street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_

PO Box Number \_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_

### **Cooling tower system owner**

**Name of the cooling tower system owner.**

Title:\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ABN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The cooling tower system owners registered office address and contact details.**

Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AH phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level / Unit: Level \_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_ Street number from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street type (i.e. Avenue, Street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_

PO Box Number: \_\_\_\_\_\_\_\_\_\_Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_

**Cooling tower system owner’s postal address. If same as registered office address, please select ‘as above’.**

As above □

Level / Unit: Level \_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_ Street number from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street type (i.e avenue, street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_

PO Box Number \_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_

### **Water treatment service provider**

**Name of the water treatment service provider for the cooling tower system(s).**

Title:\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ABN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The water treatment service providers registered office address and contact details.**

Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AH phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level / Unit: Level \_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_ Street number from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street type (i.e. Avenue, Street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_

PO Box Number: \_\_\_\_\_\_\_\_\_\_Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_

**The water treatment service providers’ postal address. If same as registered office address, please select ‘as above’.**

As above □

Level / Unit: Level: \_\_\_\_\_\_\_\_\_\_\_Unit: \_\_\_\_\_\_\_\_\_\_ Street number from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street type (i.e avenue, street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_

PO Box Number \_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_

### **Registration holder**

For the purposes of this application the registration holder is responsible for maintaining the ongoing registration affairs for the cooling tower system. The registration holder will be the primary contact.

Please select one of the following to be deemed the registration holder:

* Land owner
* Agent
* Cooling system tower owner
* Water treatment provider
* Responsible person

### **Registration term**

Please indicate the term of licence for which you are applying.

**Licence term:**

□ 1 year □ 2 years □ 3 years

**Fees:**

Registration fees are charged per cooling tower.

The [fees for registration of a cooling tower system](https://www2.health.vic.gov.au/public-health/water/legionella-risk-management/cooling-tower-systems/registration-fees-and-refunds) is located on our website at < https://www2.health.vic.gov.au/public-health/water/legionella-risk-management/cooling-tower-systems/registration-fees-and-refunds>

**DO NOT SEND IN PAYMENT –** You will be invoiced when your application has been assessed.

### **Acknowledgement**

* As the applicant or the applicants authorised representative, I acknowledge that I have read the above notes and provided the required information

Form completed by (Print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email the completed and signed application form to the Department of Health Legionella Team at [legionella@health.vic.gov.au](file:///%5C%5Cinternal.vic.gov.au%5CDHHS%5CHomeDirs4%5Cvlaz0101%5CDesktop%5CLWeb%20content%5CReviewed%20content%5CReview%20Final%5Clegionella%40health.vic.gov.au)

### **Privacy**

The Department of Health is bound by Victoria’s privacy laws, including the Information Privacy Act 2000. The Public Health & Wellbeing Act 2008 provides that an application for registration must include certain information. We will use the personal information provided by you on this form to assess your application for registration and to monitor your compliance with the Act. If you do not provide us with information, we may not be able to assess your application. It is an offence for you to operate a Cooling Tower System unless your registration is current. You have the right under FOI legislation to apply for access to, and correction of, your personal information held by the Department of Health. For more information about how to make a request, please visit the Department of Human Services' FOI website at www.dhs.vic.gov.au/foi/ or call (03) 9606 8449. Section 56 of the Public Health & Wellbeing Act 2008 allows the department to disclose information that it collects under the Public Health & Wellbeing Act 2008 or the Public Health & Wellbeing Regulations 2019 to certain persons and agencies (including the Health Services Commissioner, the Victorian Workcover Authority, the Commonwealth Health Insurance Commission and some practitioner registration boards) for the purpose of performing its statutory functions or to assist other government bodies to perform their functions.

**False or Misleading Information**

It is an offence to give information that is false or misleading. If you give false or misleading information, your application may be refused and/or you may be prosecuted and fined.

**Privacy Policy**

Personal information supplied by the applicant is collected, used and stored in accordance with the Information Privacy Act 2000. In accordance with the Department of Health’s privacy policy and relevant laws, you may be able to gain access to any personal or health information held about you by the Department of Health. A copy of the Department of Health’s privacy policy can be obtained from its website.

To receive this document in another format, phone 1300 767 469 using the National Relay Service 13 36 77 if required, or email the Legionella Team <legonella@health.vic.gov.au >.

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Available at [cooling tower systems registration and notification forms](https://www2.health.vic.gov.au/public-health/water/legionella-risk-management/cooling-tower-systems/cooling-tower-systems-registration-and-notification) page <https://www2.health.vic.gov.au/public-health/water/legionella-risk-management/cooling-tower-systems/cooling-tower-systems-registration-and-notification>