

## APPLICATION FOR REGISTRATION OF PERSONS TO GIVE LICENSABLE TREATMENT

This form should be fully completed, signed and forwarded to:

**Licensing Team**  
**Public Protection Division**  
**Islington Council**  
**222 Upper Street**  
**London, N1 1XR**  
 Telephone: (020) 7527 3031

FOR OFFICE USE ONLY

Date Received: \_\_\_ / \_\_\_ / \_\_\_

**PLEASE READ THE ACCOMPANYING NOTES BEFORE COMPLETING THIS FORM  
THERE IS NO FEE PAYABLE FOR THIS APPLICATION**

**I, the under-named, apply for registration as a person to give licensable special treatments.**

<b>1</b>	(a) Your title (Mr, Ms, etc):	(a)
	(b) Your first name(s):	(b)
	(c) Your surname:	(c)
	(d) Your maiden name (if appropriate)	(d)
	(e) Your full private address:	(e)
	(f) Your postcode:	(f)
	(g) Your daytime telephone number:	(g)
	(h) e-mail address:	(h)
<b>2</b>	(a) Your date of birth:	(a)
	(b) Your town of birth:	(b)
	(c) Your country of birth:	(c)
<b>3</b>	(a) Are you currently employed to give treatments:	(a) YES / NO <i>(if yes please complete 4 (b), (c), (d) &amp; (e))</i>
	(b) Premises name:	(b)
	(c) Premises address:	(c)
	(d) Postcode:	(d)
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# ISLINGTON

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- (i) I am enclosing:
  - a) Two identical full-face passport size photographs of myself, taken within the last 12 months.
  - b) A4 Copies of the qualifications gained by myself in each of the treatments I wish to provide.
  - c) Proof of personal residential address (eg. bank statement / utility bill)
  - d) Official translation of certificates if they are in any language other than English.
  - e) Photocopy of your birth certificate or passport.
  - f) A copy of any other local authority registration.
- (ii) I hereby declare that the information given above is true and complete in every respect, and I understand that any statement made by me which I know to be false in any material respect could result in the application being refused.
- (iii) I understand and consent to the disclosure to the Council by the Police of the record of any criminal convictions(s) that I have, other than spent convictions within the meaning of the Rehabilitation of Offenders Act 1974.
- (iv) I hereby declare that I have read and understand the notes supplied with this form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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14	Pedicure	<input type="checkbox"/>	34	G5	<input type="checkbox"/>																																																																																																																																																																																	
15	False Nails	<input type="checkbox"/>	35	Faradic	<input type="checkbox"/>																																																																																																																																																																																	
16	Nail Piercing	<input type="checkbox"/>	36	Galvanic	<input type="checkbox"/>																																																																																																																																																																																	
17	Stone Therapy	<input type="checkbox"/>	37	Vacuum Suction	<input type="checkbox"/>																																																																																																																																																																																	
18	Beading	<input type="checkbox"/>	38	High Frequency	<input type="checkbox"/>																																																																																																																																																																																	
19	Bio Skin Jetting	<input type="checkbox"/>	39	Tattoo Removal	<input type="checkbox"/>																																																																																																																																																																																	
20	Ear Piercing	<input type="checkbox"/>	40	Non-Surgical Lift	<input type="checkbox"/>																																																																																																																																																																																	
7	Qualification(s) achieved:																																																																																																																																																																																					
8	Issuing Institution(s):																																																																																																																																																																																					
9	Institution Address(es):																																																																																																																																																																																					
10	Length of Course(es):																																																																																																																																																																																					

- (i) I am enclosing:
- a) Two identical full-face passport size photographs of myself, taken within the last 12 months.
  - b) A4 Copies of the qualifications gained by myself in each of the treatments I wish to provide.
  - c) Proof of personal residential address (eg. bank statement / utility bill)
  - d) Official translation of certificates if they are in any language other than English.
  - e) Photocopy of your birth certificate or passport.
  - f) A copy of any other local authority registration.
- (ii) I hereby declare that the information given above is true and complete in every respect, and I understand that any statement made by me which I know to be false in any material respect could result in the application being refused.
- (iii) I understand and consent to the disclosure to the Council by the Police of the record of any criminal convictions(s) that I have, other than spent convictions within the meaning of the Rehabilitation of Offenders Act 1974.
- (iv) I hereby declare that I have read and understand the notes supplied with this form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_