## Application for registration of persons

## to give licensable treatment

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| This form should be fully completed, signed and forwarded to:**Licensing Team, 3rd Floor, 222 Upper Street, Islington, London, N1 1XR.****Or as a PDF to** **licensing@islington.gov.uk** | **FOR OFFICE USE ONLY** |
| Worksheet Number: |  |
| Date Received: |  |
| Initials: |  |

**PLEASE READ THE ACCOMPANYING NOTES CAREFULLY BEFORE COMPLETING THIS FORM**

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

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| **1.** | a) Your title (Mr, Ms, etc): |  |
| b) Your first name(s): |  |
| c) Your surname: |  |
| d) Your maiden name (if appropriate) |  |
| e) Your full private address: |  |
| f) Your postcode: |  |
| g) Your daytime telephone number: |  |
| h) email address: |  |
| **2.** | a) Your date of birth: |  |
| b) Your town of birth: |  |
| c) Your country of birth: |  |
| **3.** | a) Are you currently employed to give treatments: | YES / NO*(if yes please complete 3 (b) & (c))* |
| b) Premises name: |  |
| c) Premises address: |  |

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| **4.** | Are you registered with another local authority to give treatments (if so please list borough, and enclose a copy of registration. |  |
| **5.** | List all convictions in the last five years (including dates(s) and Court details and continue on a separate sheet if applicable). |  |
| **6.** | Please ✓ each of the special treatments that you wish to provide: |
| **Standard/Low Risk Special Treatments** |
| **BATHS** |
| CRYOSAUNA |[ ]  MESOTHERAPY (Steamed Only) |[ ]
| DETOX BOX |[ ]  OXYGEN THERAPY (Oxygen Bars only) |[ ]
| FACIAL STEAMERS |[ ]  OZONE SAUNA |[ ]
| FISH THERAPY |[ ]  SAUNA |[ ]
| FLOATATION TANK |[ ]  SPA |[ ]
| FOOT DETOX |[ ]  STEAM ROOM/BATH |[ ]
| HALOTHERAPY/SPELIOTHERAPY |[ ]  THALASSATHERAPY |[ ]
| HYDROTHERAPY |[ ]   |  |
| **ELECTRIC (Low Risk)** |
| ENDERMOLOGIE |[ ]  MICRO CURRENT THERAPY |[ ]
| FARADISM |[ ]  NON SURGICAL FACE LIFTS |[ ]
| GALVANISM |[ ]  RADIO FREQUENCY |[ ]
| HIGH FREQUENCY |[ ]  SCENAR THERAPY |[ ]
| KIRILIAN PHOTOGRAPHY |[ ]  ULTRA SONIC |[ ]
| **LIGHT (Low Risk)** |
| COLOUR THERAPY (Chromatherapy) |[ ]  INFRA RED |[ ]
| LUMI LIFT/LUMI FACIALS |[ ]   |  |
| **MANICURES** |
| MANICURES | [ ]  | PEDICURE |[ ]
| NAIL EXTENSIONS |[ ]   |  |
| **MASSAGE** |
| ACUPRESSURE |[ ]  METAMORPHIC TECHNIQUE |[ ]
| ANTHROPOSPHICAL MEDICINE |[ ]  MYOFASCIAL RELEASE |[ ]
| AROMATHERAPY |[ ]  NEUROSKELETAL RE-ALIGNMENT |[ ]
| AYURVEDIC MEDICINE |[ ]  NO HANDS MASSAGE |[ ]
| BODY MASSAGE |[ ]  OSTEOMYOLOGY |[ ]
| BODY TALK |[ ]  OSTEOPATHY |[ ]
| BOWEN TECHNIQUE |[ ]  PHYSIOTHERAPY |[ ]
| CHAMPISSAGE (Indian Head Massage) |[ ]  POLARITY THERAPY |[ ]
| CHIROPRACTIC |[ ]  QI GONG |[ ]
| (EFT) EMOTIONAL FREEDOM TECHNIQUE |[ ]  REFLEXOLOGY |[ ]
| FACIAL MASSAGE |[ ]  REMEDIAL MASSAGE |[ ]
| FAIRBANE/TANGENT METHOD |[ ]  ROLFING |[ ]
| FREEWAY - CER |[ ]  ROLL SHAPER |[ ]
| GRINBERG METHOD |[ ]  SHIATSU |[ ]
| GYRATORY MASSAGE |[ ]  SPORTS/REMEDIAL MASSAGE |[ ]
| HOLISTIC MASSAGE |[ ]  STONE THERAPY |[ ]
| HOT AIR MASSAGE |[ ]  (TAT) TAPAS ACUPRESSURE TECHNIQUE |[ ]
| KEN EYERMAN TECHNIQUE |[ ]  THAI MASSAGE |[ ]
| MANUAL LYMPHATIC DRAINAGE |[ ]  THERAPEUTIC/ HOLISTIC MASSAGE |[ ]
| MARMA THERAPY |[ ]  TUI – NA |[ ]
| MERIDIAN THERAPIES |[ ]   |  |
| META AROMATHERAPY |[ ]   |  |
| **Cosmetic Piercing** |
| OUTER EAR/NOSE PIERCING |[ ]   |  |
| **High Risk Special Treatments** |
| **Acupuncture** |
| ACUPUNCTURE |[ ]  MOXIBUSTION |[ ]
| DRY NEEDLING |[ ]  N.A.E.T (Namripad Allergy Elimination Technique) |[ ]
| KOREAN HAND THERAPY |[ ]   |  |
| **Chiropody** |
| CHIROPODY |[ ]  PODIATRY |[ ]
| **Cosmetic Piercing** |
| BEADING |[ ]  BODY PIERCING |[ ]
| BIO SKIN JETTING |[ ]  MICRODERMAL ANCHORS |[ ]
| **Electric (HR)** |
| ELECTROLYSIS (Hair Removal) |[ ]  THERMAVEIN |[ ]
| ADVANCED ELECTROLYSIS/ THERMOLOGY(Moles, Warts, Skin Tags) |[ ]   |  |
| **Light (High Risk)** |
| TATTOO REMOVAL (Laser) |[ ]  LIPO LASER |[ ]
| LASERS/INTENSE PULSE LIGHT |[ ]  ULTRA VIOLET TANNING |[ ]
| **Tattooing** |
| MICROPIGMENTATION (semi-permanent make up) |[ ]  TATTOOING |[ ]
| TATTOO REMOVAL (NON-LASER) |[ ]  TEMPTOOING |[ ]
| **7.** | Qualification(s) achieved: |  |
| **8.** | Issuing Institution(s): |  |
| **9.** | Institution Address(es): |  |
| **10.** | Length of Course(es) |  |

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| **Checklist** |
| **I have enclosed:** |
| Two identical full-face passport size photographs of myself, taken within the last 12 months. |[ ]
| A4 Copies of the qualifications and credit units gained by myself in each of the treatments I wish to provide. (Original certificates may be requested by the licensing officer to assist verification). |[ ]
| Proof of personal residential address (eg. bank statement / utility bill). |[ ]
| Official translation of certificates if they are in any language other than English and verification from UK NARIC for example, that qualifications and awarding bodies are accredited by Ofqual. |[ ]
| For Tattooing and Piercing, please provide:1. a reference from employer outlining experience, training, quality of work and good practice; and
2. evidence of your current Hep B immunity status.
 |[ ]
| Photocopy of your Driving licence with photo or passport. |[ ]
| A copy of any other local authority registration. |[ ]
| 1. 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.
2. 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.
3. I hereby declare that I have read and understand the notes supplied with this form.

Signed: Date:  |

**Data Protection Act 2018 (DPA 2018) and the General Data Protection Regulation (GDPR).**

The information you provide may be disclosed to: other departments within Islington Council; the Police; other Local Authorities and Government Agencies only when and where necessary for the purposes of processing your application

We will always process your information in accordance with the law - for more information on the basis on which we process, use and store your information, please refer to the Council’s Privacy Policy - <https://www.islington.gov.uk/about-the-council/information-governance/data-protection/privacy-notice>.

**IMPORTANT NOTE:**

**THIS APPLICATION IS OPEN TO INSPECTION BY THE PUBLIC**