## 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**](mailto: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**