Application for the Registration of the Practice of Acupuncture, Ear-Piercing, Electrolysis and/or Tattooing

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

I hereby make application under the provisions of the above Act for the registration of a

Practitioner  Premises  Practioner and premises

carrying on the practice(s) of (indicate as required)

Acupuncture  Tattooing Ear-Piercing  Electrolysis

# Applicant details

Name Click or tap here to enter text.

Address Click or tap here to enter text.

Date of birth Click or tap here to enter text.

Contact telephone number Click or tap here to enter text.

# Premises at which the practices are to be carried on

Name or Trading Name of Premises Click or tap here to enter text.

Address of premises to be registered and at which the establishment is carried on or proposed to be carried on Click or tap here to enter text.

The Nature of the Establishment Click or tap here to enter text.

Description of premises, including number of rooms and particulars of arrangements for cleansing of premises; fittings and equipment and sterilisation of instruments. (attach separate schedule if necessary) Click or tap here to enter text.

# Qualifications and Applicant History

Give details of technical qualifications, training courses, diplomas, experience etc, of the applicant for the carrying on of that business. (Evidence of qualifications must be submitted in respect of new applicants). Click or tap here to enter text.

Have you previously been registered in this respect in any other district? Yes  No

If so which? Click or tap here to enter text.

# Convictions

Have you ever been convicted of any offence under the Act? Yes  No

If so, give details Click or tap here to enter text.

Please quote details of any convictions or charges outstanding in respect of all offences (or alleged offences). If you disclose a conviction which is regarded as ‘spent’ under the Rehabilitation of Offenders Act, 1974, it will be ignored.

If you have nothing to declare please write in ‘NONE’. Continue on a separate sheet if required.

| Date | Court | Offence | Sentence |
| --- | --- | --- | --- |
|  |  |  |  |

Have you been involved in any incident which may lead to Court proceedings being taken against you?   
If so, please supply full details. Click or tap here to enter text.

# Declaration

I certify that the above answers are true and understand that if there are any omissions or false statements my application may be refused or, if a licence has been issued, it will be liable to immediate suspension or revocation.

(In the case of an association, society, company or other body the signature of the managing director secretary or other responsible officer is required and should be accompanied by the position held)

Applicant signature



Date

Please return your completed form with the fee (made payable to Wyre Forest District Council) and any relevant supporting documents to either:

Licensing

Wyre Forest District Council  
Finepoint Way  
Kidderminster  
Worcestershire  
DY11 7WF

Worcestershire Regulatory Services

Wyre Forest House

Finepoint Way

Kidderminster

Worcestershire

DY10 1NW

Email: enquiries@worcsregservices.gov.uk

Telephone: 01905 822799