

LONDON LOCAL AUTHORITIES ACT 1991

Application for approval of person proposed to be employed to administer treatments in an establishment that is licensed for massage or special treatment.

Mr/Mrs
Miss/Ms

Full name of Applicant/proposed Employee:

Maiden/previous name(s) – if applicable:

Private address:

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Postcode: Daytime tel no:..... Mobile no:.....

Date of birth:..... Place of birth:.....

Please tick each treatment that you are qualified to administer

Acid Peel		False Nails		Make-Up		Skin Tags	
Acupuncture		Faradic		Manicure		Spa & Bath	
Aromatherapy		G5		Massage		Sports Massage	
Body Exfoliation		Galvanic		Micro Pigmentation		Spray Tanning	
Body Piercing		High Frequency		Milia		Sugaring	
Body Wrap		Hot Stone Therapy		Nail Piercing		Swedish Massage	
Brow Shape		Indian Head Massage		Non Surgical Lift		Tattooing	
Chiropody		Infra Red		Pedicure		Threading	
Colonic Irrigation		Ionythermie		Red Veins		Thread Vein	
Diathermy		IPL		Reflexology		UV Tanning	
Ear Piercing		Laser Hair Removal		Sauna & Steam		Vacuum Suction	
Electrolysis		Lash & Eyebrow Tint		Sclerotherapy		Waxing	
Epilation		Lash Perm		Self Tanning		Others:	
Facial		Lymphatic Drainage		Shiatsu			

Other - please specify any other treatment or any particular type of treatment ticked above - eg - Indian Head Massage - (continue overleaf if necessary)

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Full particulars of training (including Training School addresses) and certified photocopies of qualifications must be returned with this form.

Name/address of Licensed Establishment where applicant is working

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Name of manager/owner..... Tel no:.....

Have you previously had a licence to carry on an establishment for massage or special treatment that has been refused or revoked? (If 'yes' give details)

Have you been convicted in any legal proceedings in connection with the conduct of an establishment for massage or special treatment? (If 'yes' give details).....

I declare that the particulars given are true in every respect.

Signed: Dated:.....

This form should be returned with two passport size photographs of the applicant and evidence of training and qualifications to

**Licensing
2nd Floor Civic Centre
44 York Street
Twickenham
TW1 3BZ
Tel 020 8831 6455**

Personal Information Policy

The Council will use your details, the information about your dealings with the Council and the information about you available to the Council ("your information") to:

- deal with your requests and administer its departmental functions in the processing of your application.
- meet its statutory obligations
- prevent and detect fraud
- conduct surveys and research
- contact you with information about activities and events involving the Council or with offers which it thinks may be of interest to you

The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other Departments within the Council (including the elected members), central government Departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.