

REGISTRATION FOR A THERAPIST TO GIVE LICENSABLE TREATMENTS



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Application for registration for persons wishing to provide special treatments in an establishment that is licensed for Special Treatments, pursuant to the London Local Authorities Act 1991

IMPORTANT: PLEASE SEE ATTACHED NOTES AND GUIDANCE

I hereby apply for approval to carry out Special Treatments in licensed premises within the Royal Borough of Kensington and Chelsea

1	Your Name	
	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)
	Surname	
	Forenames	
2	Previous Names <i>Please enter details of any previous names or maiden names, if applicable.</i>	
	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)
	Surname	
	Forenames	
3	Your Current Address	
	Home Address	
	Post code	
4	Contact Details	
	Daytime	
	Mobile (Optional)	
	Email address (Optional)	
5	Please provide details of the premises in the borough where you will be employed	Premises name and address
	Telephone Number	

Please provide details of any other premises within the borough where you will be employed	Premises name and address
	Postcode
Telephone Number	

Please continue on separate sheet if you will be employed at more than two premises.

6 Are you approved/registered with another Local Authority? Yes No

Name of Local Authority	
Contact No. if Known	
Registration Number	

7 Please tick each of the special treatments that you are qualified to provide (Please note: we require the actual description of treatment you wish to provide rather than the product or brand name of the treatment.)

ST1	Acupuncture <input type="checkbox"/>	ST11	Faradic <input type="checkbox"/>	ST23	Semi-permanent Makeup <input type="checkbox"/>
ST2	Aromatherapy <input type="checkbox"/>	ST12	Galvanic <input type="checkbox"/>	ST24	Shiatsu <input type="checkbox"/>
ST2a	Aromatherapy– Massage only <input type="checkbox"/>	ST13	Indian Head Massage <input type="checkbox"/>	ST25	Sports Massage <input type="checkbox"/>
ST3	Body Piercing <input type="checkbox"/>	ST14	Infrared <input type="checkbox"/>	ST26	Tattooing <input type="checkbox"/>
ST4	Body Wraps <input type="checkbox"/>	ST15	Ionithermie <input type="checkbox"/>	ST27	Ultrasound <input type="checkbox"/>
ST5	Cathiodermie <input type="checkbox"/>	ST16	Manicure/Pedicure <input type="checkbox"/>	ST28	Waxing/Sugaring <input type="checkbox"/>
ST6	Colonic Therapy <input type="checkbox"/>	ST17	Massage <input type="checkbox"/>	ST29	Laser(Please list treatment below) <input type="checkbox"/>
ST7	Ear Piercing <input type="checkbox"/>	ST18	Micro-current Therapy <input type="checkbox"/>	ST30	I.P.L <input type="checkbox"/>
ST8	Electrolysis <input type="checkbox"/>	ST19	Nose Piercing <input type="checkbox"/>	ST31	Microdermabrasion <input type="checkbox"/>
ST9	Eyelash/brow tint <input type="checkbox"/>	ST20	Nail Extensions <input type="checkbox"/>		
ST10	Facials <input type="checkbox"/>	ST22	Reflexology <input type="checkbox"/>		

8 Please specify any other treatments not listed above, including the type of Laser treatments.

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9 Qualifications		
College name & address	Qualification type i.e. City & Guilds, NVQ L1, 2 or 3	Date Achieved

CHECK LIST,

(a) I have enclosed 2 identical full-face colour passport size photographs taken within the last 12 months

(b) Copies of qualifications for each of the treatments for which I seek approval

(c) Copy of official translation of certificates if they are in any language other than English and copies of the NARIC certificate of comparability

(d) Copy of proof of address, i.e. copy of driving licence, utility bill, bank statement, or similar dated within the past 3 months.

(e) Copy of photographic proof of Identification, i.e. copy of passport, driving licence

(f) I have completed all of the relevant sections

(g) I understand that if I do not comply with the above requirements my application will be rejected

10 Signature of applicant	
Signature	Date

Date Protection: This information will be used by the Royal Borough of Kensington and Chelsea for the purposes of Special Treatment Licensing and related purposes. This information may be disclosed to the police and, to comply with financial regulations, details of licence holders are also disclosed to the Inland Revenue.

The completed form should be returned to Royal Borough of Kensington and Chelsea, Licensing Team, Council Offices, 37 Pembroke Road, London, W8 6PW. Tel: 020 7341 5152