

## Application for Exemption from a Special Treatment Premises Licence

**1) I/We apply for exemption from the London Local Authorities Act 1991 Part II s4(b) as amended by London Local Authorities Act 2000. A special treatments premises licence is not required at**

Trading Name	
Address	
Postcode	

**because treatments are given**

<input type="checkbox"/>	at a premises which is not used for gain or reward (all treatments are provided free or for donation)
<input type="checkbox"/>	by or under the supervision of GMC registered medical practitioners
<input type="checkbox"/>	by or under the supervision of a member of a body of health practitioners approved for exemption by the Council
<input type="checkbox"/>	by or under the supervision of dentists (acupuncture only)
<input type="checkbox"/>	by or under the supervision of a fully registered osteopath (osteopathy only)
<input type="checkbox"/>	by or under the supervision of a fully registered chiropractor (chiropractic only)
<input type="checkbox"/>	by or under the supervision of a person registered with the Health and Care Professions Council (for practice of their profession and conduct of business ancillary to such practice only)
<input type="checkbox"/>	in a hospital or nursing home
<input type="checkbox"/>	without a premises being used (a mobile service from a vehicle or in clients' own homes)

**2) Applying as a limited company**

*Leave blank if applying as an individual or partnership*

Company name	Company registration number
Registered office address	
Contact name	Position in company
Contact telephone number	Contact email address

### 3) Applying as an individual or partnership

*Leave blank if applying as a (limited) company*

	Applicant 1	Applicant 2
Full name		
Address and postcode		
Date of birth		
Place of birth		
National Insurance Number		
Contact phone number		
Contact email address		

### 4) Special Treatments under supervision

*Please provide details of the person taking responsibility for supervising special treatments to be carried out by other therapists at the premises*

Title (Mr/Mrs/Dr etc) Full name	
Address and postcode	
Date of birth	
Place of birth	
National Insurance Number	
Contact phone number	
Contact email address	
Professional registration or membership of body of health practitioners	<i>Organisation Name/member number/start date/expiry date</i>

Relevant additional qualifications/ training	<i>Awarding body/course title/copy of certificate enclosed</i>
Position in company	

### 5) Treatments to be offered

The legislation defines special treatment as: massage, manicure, acupuncture, tattooing, cosmetic piercing, chiropody, light, electric or other special treatment of a like kind or vapour, sauna or other baths.

Please tick the special treatments you will be offering

Acupuncture	<input type="checkbox"/>	Lipolysis	<input type="checkbox"/>	Sauna	<input type="checkbox"/>
Aromatherapy (blending of oils)	<input type="checkbox"/>	LED (light emitting diode)	<input type="checkbox"/>	Spa pool/Jacuzzi	<input type="checkbox"/>
Body massage	<input type="checkbox"/>	High power LED (over 500 mW)	<input type="checkbox"/>	Sports massage	<input type="checkbox"/>
Body piercing	<input type="checkbox"/>	Manicure	<input type="checkbox"/>	Steam room	<input type="checkbox"/>
Ear piercing	<input type="checkbox"/>	Microblading	<input type="checkbox"/>	Tattooing	<input type="checkbox"/>
Electrolysis	<input type="checkbox"/>	Microcurrent therapy	<input type="checkbox"/>	Thai massage	<input type="checkbox"/>
Facial steamer	<input type="checkbox"/>	Micropigmentation/permanent makeup	<input type="checkbox"/>	Therapeutic/holistic massage	<input type="checkbox"/>
Indian head massage	<input type="checkbox"/>	Nail extensions	<input type="checkbox"/>	Tuina	<input type="checkbox"/>
Infra-red treatments	<input type="checkbox"/>	Nose piercing	<input type="checkbox"/>	Ultra Violet tanning/sunbed	<input type="checkbox"/>
Intense pulse light (IPL)	<input type="checkbox"/>	Oxygen therapy	<input type="checkbox"/>	Ultra sonic treatments	<input type="checkbox"/>
Laser cosmetic rejuvenation	<input type="checkbox"/>	Pedicure	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>
Laser hair removal	<input type="checkbox"/>	Radio frequency	<input type="checkbox"/>	Chirpody/ Podiatry	<input type="checkbox"/>
Laser tattoo removal	<input type="checkbox"/>	Reflexology	<input type="checkbox"/>	Osteopathy	<input type="checkbox"/>

Please tick other treatments to be offered at the premises

Body wraps	<input type="checkbox"/>	Derma roller/pen	<input type="checkbox"/>	Injectables	<input type="checkbox"/>
Bleaching skin	<input type="checkbox"/>	Eyebrow shaping / tinting	<input type="checkbox"/>	Waxing or sugaring hair removal	<input type="checkbox"/>
Chemical skin peels	<input type="checkbox"/>	Eyelash treatments	<input type="checkbox"/>	Micro dermabrasion	<input type="checkbox"/>
Cupping	<input type="checkbox"/>	Ultrasound	<input type="checkbox"/>	Mesotherapy	<input type="checkbox"/>

**6) Special Treatments carried out by**

Persons who are members of a body of health practitioners approved by the council or legally registered (see section (1) list). *Use additional sheets if required.*

Name	Professional registration and/or health practitioner membership body	Membership number	Membership start/expiry dates	Treatments to be carried out

**7) Special Treatments carried out by**

Other persons, not listed in (4) or (6) above. *Use additional sheets if required.*

Name	Home Address	Date and Place of Birth	Relevant qualifications	Treatments to be carried out
			<i>Awarding body/ course titles</i>  <i>Certificates enclosed Yes / No</i>	
			<i>Awarding body/ course titles</i>  <i>Certificates enclosed Yes / No</i>	

**8) Documentary evidence of Supervision arrangements**

<p>Evidence is enclosed to demonstrate the arrangements for supervision.</p> <p>Documents demonstrating the process of supervision may include (but not be limited to):          how staff are selected, instructed, and monitored;          checks to ensure qualifications are up-to-date;          arrangements for clinical supervision and oversight;          review of practise; authorising deputies for the supervisor;          client consultation and agreeing patient pathways;          compliance with third party or internal audit and inspection requirements;          treatment incident and adverse events reporting and monitoring; agreed treatment protocols in place</p>	<p><input type="checkbox"/> Yes</p>
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**9) Declaration**

**I am applying for exemption from the London Local Authorities Act 1991 as amended by London Local Authorities Act 2000 and**

- a) I declare that the details contained in this application are true to the best of my knowledge and belief
- b) I declare that persons named on this application form have not been convicted of an offence under Part II of the London Local Authorities Act 1991
- c) I declare that I understand and consent to the disclosure to the Council by the Police of the record of any criminal convictions(s), other than spent convictions within the meaning of the Rehabilitation of Offenders Act 1974, for all persons named on this application form
- d) I declare that I consent to the disclosure of my membership, training and insurance information to the council by my professional registration and/or membership body
- e) I declare that I undertake to supply any additional information that the Council may need relating to this application
- f) I declare that I understand that the Health & Safety at Work Act 1974 and associated regulations must be complied with at all times
- g) I declare that no special treatments will be permitted to be carried out without the required licence until the council has confirmed exemption in writing

Name (PRINTED)
Signature
Date
Position in company

## Exemption from Special Treatment Licence Notes for applicants

- a) The Council may request additional information in order to make a decision as to whether the criteria for exemption have been met.
- b) The Council may contact the applicant to arrange an inspection of the premises.
- c) If applicants are inadequately qualified or have failed to demonstrate adequate supervision then unless such concerns can be allayed through additional evidence showing how those deficiencies have been met the Council is entitled to refuse to allow the exemption.
- d) If application for exemption is made out to the Council's satisfaction then the applicant will be advised in writing that a special treatment licence is not required.
- e) In the event application for exemption is not made out to the council's satisfaction then the premises requires and must apply for a special treatments licence if special treatments are to be offered.
- f) Exemption cannot be granted where any treatments at the premises are carried out by a person whose skills are employed mainly for cosmetic alteration or decorative purposes rather than with a view to curing or alleviating of bodily diseases or ailments.
- g) Exemption only applies for as long as valid registration with professional bodies or membership of a relevant body of health practitioners remains in place.
- h) The applicant shall inform the council immediately of any change in circumstances which may affect exemption from requiring a special treatment licence such as, for example, change of treatments offered or change in named supervisor.
- i) It is an offence to undertake, or allow to be undertaken, special treatments without a current licence for a premises as defined in the London Local Authorities Act 1991 Part II.
- j) Data Protection Act / GDPR information is available at [www.lbhf.gov.uk/mst](http://www.lbhf.gov.uk/mst)
- k) Full text of the London Local Authorities Act 1991 is available at [http://www.legislation.gov.uk/ukla/1991/13/pdfs/ukla\\_19910013\\_en.pdf](http://www.legislation.gov.uk/ukla/1991/13/pdfs/ukla_19910013_en.pdf)
- l) Full text of the London Local Authorities Act 2000 is available at <http://www.legislation.gov.uk/ukla/2000/7/section/27/enacted>
- m) The Council follows the LIST OF BODIES OF HEALTH PRACTITIONERS GRANTED EXEMPTION BY THE LONDON SPECIAL TREATMENTS GROUP which is updated from time to time. The list is available at [www.lbhf.gov.uk/mst](http://www.lbhf.gov.uk/mst)
- n) The Council follows the A-Z by the London Special Treatments Group which is updated from time to time. The list is available at [www.lbhf.gov.uk/mst](http://www.lbhf.gov.uk/mst)
- o) "Health practitioner" means a person who uses their skills with a view to curing or alleviating of bodily diseases or ailments but does not include a person whose skills are employed mainly for cosmetic alteration or decorative purposes.
- p) The council is committed to tackling modern slavery. It is important for all people to recognise the indicators of modern slavery and to take appropriate action to prevent further exploitation if there is any suspicion someone is a victim. Engagement in any business activity seen to be connected to modern slavery or human exploitation will lead to a report made in line with council policy.