## Application for Therapist Registration

## at a Premises with a Special Treatment Licence

**This box is for office use only.**

Registration number

**Date Form Received**

**Fee Paid £**

**Date Fee Paid:**

DC / CC

|  |  |  |
| --- | --- | --- |
| **1** |  Title (Mr. Ms. Mrs etc) |  |
|  |  First name(s) |  |
|  |  Surname |  |
|  |  Maiden name (if appropriate) |  |
|  |  Home address |  |
|  |  |  |
|  |  |  |
|  |  Postcode |  |
|  |  Daytime telephone number |  |
|  |  E-mail address |  |
| **2** |  Date of birth |  |
|  | Place of Birth  |  |
|  | National Insurance Number |  |
|  |   |  |
| **3** | Is this a renewal registration application? | YES / NO |
|  |  |  |
| **4** | Where will you be working in Hammersmith & Fulham? | Salon / Leisure Centre / Hotel / Retail shop / Other:  |
|  | Business name |  |
|  | Business address |  |
|  |  |  |
|  | Postcode |  |
|  |  |  |
| **5** | Are you registered as a therapist with any other Local Authority | YES / NO  |
|  | Name of Local Authority |  |
|  | Registration number |  |
|  | Copy of badge/certificate enclosed | YES / NO |

**6) Please tick the licensable treatments you intend to offer: NOTE: Acceptable therapist qualifications have been updated. See guidance** [**www.lbhf.gov.uk/mst**](http://www.lbhf.gov.uk/mst)

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

**7) Please tick other treatments you offer which do not require licence or therapist registration:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Body wraps |  | Derma roller/pen |  | Injectables |  |
| Bleaching skin |  | Eyebrow shaping / tinting |  | Mesotherapy |  |
| Chemical skin peels |  | Eyelash treatments |  | Microdermabrasion |  |
| Cupping |  | Ultrasound |  | Waxing or sugaring hair removal |  |
| Osteopathy |  | Chiropody |  | Physiotherapy |  |

**8) Declaration:**

|  |  |
| --- | --- |
| I confirm the non-refundable £131 fee has been paid. *Registration is valid for 3 years* | Paid by phone Yes / NoPayment date…………………………….. |
| I enclose qualification and training certificates for all treatments | Yes / No |
| I enclose official translation of certificates in any language other than English and a Statement of Comparability from [www.naric.org.uk](http://www.naric.org.uk) for non-UK qualifications  | Yes / Not applicable |
| I enclose evidence of professional registration or membership of a body of health practitioners  | Yes / Not applicable |
| 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.  | Yes / No |
| I consent to the disclosure of my membership, training and insurance information to the council by my professional registration and/or membership body  | Yes / No |
| **I understand that I must not carry out any massage or special treatments until registration has been granted.** | Yes / No |
| I have read and understand the council’s Data Protection Act 2018 and GDPR information: [www.lbhf.gov.uk/mst](http://www.lbhf.gov.uk/mst)  | Yes / No |
| Signed | Date |