

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

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"/>	Other:	<input type="checkbox"/>
Laser hair removal	<input type="checkbox"/>	Radio frequency	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Laser tattoo removal	<input type="checkbox"/>	Reflexology	<input type="checkbox"/>	Other:	<input type="checkbox"/>

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

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"/>	Mesotherapy	<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"/>	Waxing or sugaring hair removal	<input type="checkbox"/>
Osteopathy	<input type="checkbox"/>	Chiropody	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>

8) Declaration:

I confirm the non-refundable £131 fee has been paid. <i>Registration is valid for 3 years</i>	Paid by phone Yes / No Payment 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 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	Yes / No
Signed	Date