

STR02

LONDON LOCAL AUTHORITIES ACT 1991 PART II
SPECIAL TREATMENT LICENCE APPLICATION - DETAILS OF PERSON GIVING TREATMENT

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

DETAILS OF PERSONS GIVING SPECIAL TREATMENT

- (a) Full Name _____ (MR/MRS/MISS/MS)
- (b) Private address _____

Post Code _____ Email _____
Telephone No (Business) _____ (Other) _____
- (c) Please state previous address if lived at (b) for less than five years _____

_____ Post Code _____
- (d) Date of Birth _____
- (e) Name and address of college/place of instruction _____

- (f) Details of Apprenticeship (if applicable) _____
- (g) Period of tuition _____
(please give dates)
Details of certificate accreditation (NVQ/QCF, ITEC etc) _____
- For tattooists/body piercers we may require a written reference from your previous Employer**
- _____
- (h) Please list the special treatments you will be providing

DETAILS OF PERSONS GIVING SPECIAL TREATMENT (continued)

(i) Are you a qualified first aider or have you attended any courses of training for First Aid? Yes No

(j) Have you ever held an interest in, or been employed in any other establishment used for massage or special treatment? Yes No

If YES, Give name and address of establishment _____

_____ Post Code _____

(k) Are you approved/registered, or have you been previously with another Local Authority? If so please give details and registration number

(l) Please give name and address of current employment or intended employment premises

_____ Post Code _____

(m) Are you a member of a professional body or association? Yes No

IF YES, please give details

IF NECESSARY PLEASE USE A CONTINUATION SHEET

DECLARATION

I ENCLOSE COMPLETED FORM DOC01 DECLARATION OF CONVICTIONS

I DECLARE THAT THE ABOVE PARTICULARS ARE TRUE IN EVERY RESPECT

Signature _____

Date _____

Please enclose copies of any qualification certificates gained.

Please enclose one passport sized photographs with your name and address printed on the reverse of the photograph.

Please enclose BABTAC or other professional organisation membership and proof of Professional and Public Liability Insurance if applicable.

Please complete this form and return it to:

London Borough of Redbridge, Licensing Service, 10th Floor, Lynton House, 255-259 High Road, Ilford, Essex IG1 1NN

Information provided in this application will be held on our computers and manual records. It will be used to assess your application and may be shared with other departments within the London Borough of Redbridge, The Metropolitan Police, The London Fire & Emergency Planning Authority, sub-contractors contracted to provide any support, administration or similar service and any other parties we are required to consult. It may be disclosed where required by law or in connection with legal or regulatory proceedings. Where the public are entitled to object to a licence or we are required to maintain a public register details of licences & applications may be published on the Council's website.