

**SPECIAL TREATMENTS FOR WHICH LICENCE IS SOUGHT** (tick appropriate categories)

<b>CATEGORY 1 TREATMENTS</b>	
	<b>LASER TREATMENTS</b>
	LASERS/INTENSE PULSE LIGHT
	MICRO-DERMABRASION (If using laser)
	LIPO LASER
	TATTOO REMOVAL (LASER)
	<b>CATEGORY 2 TREATMENTS</b>
	<b>ACUPUNCTURE</b>
	ACUPUNCTURE
	DRY NEEDLING
	KOREAN HAND THERAPY
	MOXIBUSTION
	<b>BODY PIERCING &amp; DERMAL ANCHORS</b>
	NAVEL/NIPPLE/LIP/FACIAL/TONGUE/EAR/NOSE (Please circle)
	BODY & SURFACE PIERCING
	MICRODERMAL IMPLANTS AND DERMAL
	<b>TATTOOING</b>
	MICRO PIGMENTATION (Semi-Permanent Make-up)
	TATTOO REMOVAL (NON-LASER)
	TATTOOING
	MICROBLADING
	<b>ELECTROLYSIS</b>
	ELECTROLYSIS
	ADVANCED ELECTROLYSIS (Milia, Warts, Skin Tags, Red Vein removal)
	<b>LIGHT TREATMENTS</b>
	COLOUR THERAPY
	INFRA RED
	LED (and as part of a machine)
	ULTRAVIOLET TANNING
	LUMI LIFT/LUMI FACIALS
	<b>CATEGORY 3 TREATMENTS</b>
	<b>BATHS/VAPOUR</b>
	FLOTATION TANK
	HYDROTHERAPY
	SAUNA
	INFRA RED HEAT
	SPA
	STEAM ROOM/BATH/FACIAL
	THALASSATHERAPY
	HALOTHERAPY/SPELIOTHERAPY
	OXYGEN BAR
	JACUZZI
	<b>ELECTRIC TREATMENTS</b>
	FARADISM (i.e. Arasys, Slendertone, Transion)
	GALVANISM (i.e. Endermologie)
	HIGH FREQUENCY
	MICRO CURRENT THERAPY
	MICRO-DERMABRASION (NOT LASER) / HYDRAFACIAL

<b>ATEGORY 3 TREATMENTS continued</b>	
	RADIO FREQUENCY (and as part of a machine)
	ULTRASONIC
	NON-SURGICAL FACELIFTS
	THERMA VEIN
	SCENAR THERAPY
	<b>MANICURE</b>
	MANICURES
	NAIL EXTENSIONS
	PEDICURE
	<b>MASSAGE &amp; FACIALS</b>
	AROMATHERAPY
	AYURVEDIC MEDICINE
	BODY MASSAGE
	CHAMPISSAGE (Indian Head Massage)
	FACIALS WITH MASSAGE
	FOOT MASSAGE
	FACIALS WITH STEAM
	GYRATORY MASSAGE – G5
	MANUAL LYMPHATIC DRAINAGE
	RELEXOLOGY
	ACUPRESSURE (NOT SEATED)
	REIKI (If with hot massage)
	SHIATSU
	STONE THERAPY
	SWEDISH MASSAGE
	THERMO AURICULAR THERAPY (HOPI EAR CANDLES) ***(i.e. with a facial)
	TRICHOLOGY (If with head massage)
	TUI-NA
	HOLISTIC MASSAGE
	SPORTS MASSAGE
	THAI MASSAGE
	WOOD THERAPY
	OTHER MASSAGE
	<b>ONLY REQUIRED IF NOT STATE REGISTERED</b>
	CHIROPODY
	CHIROPRACTIC
	OSTEOPATHY
	PHYSIOTHERAPY
	<b>CATEGORY 4</b>
	<b>COSMETIC PIERCING WITH A PIERCING GUN (LOBE &amp; NOSTRIL ONLY NO SEPTUM)</b>
	EAR PIERCING
	NOSE PIERCING
	<b>OTHER TREATMENTS (GIVE DETAILS) OR ADDITIONAL INFORMATION</b>

Name &amp; address of premises:

Name :

Signed:

Date: