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| **LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**  **APPLICATION FOR REGISTRATION TO CARRY OUT ACUPUNCTURE, TATTOOING, PIERCING AND/OR ELECTROLYSIS** | | |
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| PERSONAL DETAILS | | |
| Full Name of Practitioner: |  | |
| Title: |  | |
| Date of Birth: |  | |
| Home Address:  Email:  Contact Number: |  | |
| Applicant Name and Contact Number (if different to practitioner): |  | |
| BUSINESS DETAILS | | |
| Name of Business (if applicable): |  | |
| Address of Premise where business to be carried on including trading name:  Email:  Telephone Number: |  | |
| TYPE OF APPLICATION | | |
| Are you applying as:  (**A** and **B** refer to the fee to be paid – see payment details section) | A business owner or main operator registering a new premise **(A)**  An employee to work at an existing registered premise and be paid a salary by the business **(B)**  A self-employed person to work at an existing registered premise but not employed by the business (not paid a salary) **(A)** | |
| Treatment to be registered: | Acupuncture  Tattooing  Semi-permanent skin colouring  Cosmetic body and ear piercing  Ear piercing only  Electrolysis | |
| Please indicate your working arrangements: | Whole premises  Rent a specific room or chair within a premises  Operate from own home using domestic entrance  Operate from own home but separate entrance for business | |
| DETAILS OF PREMISES | | |
| Description of the premises, giving details of treatment rooms including wall and floor coverings, wash hand basin provision (must be dedicated wash hand basin in treatment room) |  | |
| Provision for cleaning the premises, fittings, equipment and sterilisation of instruments |  | |
| Provision for disposal of waste, used material, needles, etc. including name of company used for waste contracts |  | |
| DETAILS OF PRACTITIONER | | |
| Details of all relevant qualifications, training and experience:  (Including where undertaken, dates, awarding body, etc. ) |  | |
| Details of Previous Registration:  (Within Bradford District or other local authority areas) |  | |
| Have you been convicted of any offence under section 16 of the Local Government (Miscellaneous Provisions) Act 1982? | Yes  No | |
| PAYMENT DETAILS | | |
| For guidance on the total fee amount to be paid please see fees and charges section. (Please specify based upon your application)     1. Registration fee for premise and main operator or for self-employed person: | |  |
| 1. Registration fee for each additional operator: | |  |
| 1. Additional admin fee for each additional registration (treatment): | |  |
| Please note you will be contacted to make payment via telephone once your application has been received.  This fee must be paid to the authority along with a fully completed application form in order for your application to be duly made. Any delay in making payment or in fully completing the application form may delay your registration.  Registration is not transferable between premises and if moving premise or working at multiple premises a separate application will need to be made. | | |
| DECLARATION | | |
| I declare that the above information is true and will inform the Council immediately of any change in these details.  I also confirm that I have read the relevant local byelaws and agree to follow them when registered (copies are available on the Bradford Council website).  Signed…………………………………………………… Date………………………………………….. | | |

For help contact: eh.admin@bradford.gov.uk

Telephone: 01274 437766