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| Treatment RegistrationApplication to register a PERSON / PRACTITIONER |  |

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## **Application Procedure**

1. Complete the application in full.
2. Pay the relevant fee
3. Email your completed application, including the required supporting documents to regulation@wigan.gov.uk

You are advised to familiarise yourself with the information on our website, in particular the relevant Byelaws, before applying for this registration. Any questions can be emailed to regulation@wigan.gov.uk

This application must specify the premises which the proposed practitioner will be carrying out the treatment(s). Checks will be made to ensure the premises is appropriately registered.

***N.B A separate application must be made for Any premises that you wish to register to carry out treatments at.***

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## 1) Applicant Details

|  |  |
| --- | --- |
| a) Full name |  |

|  |  |
| --- | --- |
| b) Home address (including Postcode) |  |

|  |  |
| --- | --- |
| c) Date of birth |  |

|  |  |
| --- | --- |
| d) Email address |  |

|  |  |
| --- | --- |
| e) Contact telephone number(s) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| f) Have you ever had a registration suspended, refused or revoked? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please provide details |  |

## 2) Premises Details

|  |  |
| --- | --- |
| a) Name of the premises to which you will be carrying out the below treatment(s) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| b) Is the above premises registered with Wigan Council?  | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please specify the registration number |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If no, have you applied to register the premises?  | Yes |  | No |  |

c) Treatments (to be carried out) ✓

|  |  |
| --- | --- |
| Acupuncture |  |

|  |  |
| --- | --- |
| Tattooing |  |

|  |  |
| --- | --- |
| Cosmetic Piercing |  |

|  |  |
| --- | --- |
| Electrolysis |  |

|  |  |
| --- | --- |
| Semi-Permanent Make Up |  |

|  |  |
| --- | --- |
| d) Details of treatment area(s) / room(s) |  |

e) Details of hand washing facilities in the treatment room. *(Please specify whether the facilities include hot and cold running water, soap and a hygienic means of hand drying)*.

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f) Details of equipment washing facilities (separate to hand washing facilities)

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g) Description of the WC facilities available for use by practitioners, including the hand washing facilities

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| --- |
|  |

h) Details of the skin piercing equipment which will be used, including whether this is single use or reusable

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|  |

i) Provision for the cleaning of the treatment room(s) / area(s), including fittings, skin piercing equipment and the sterilisation of any reusable instruments

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j) Arrangements for the disposal of waste, used materials, needles etc...

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|  |

k) Name of the company who collects waste

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|  |

l) Please state your proposed operating times

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|  |

## 3) Payment Details

Payment of **£192.00** must be made at the time of application:

|  |  |  |  |
| --- | --- | --- | --- |
|  Reference No. |  | Date of Payment |  |

## 4) Declaration

I confirm we are aware of the provisions of the Local Government (Miscellaneous Provisions) Act 1982 and the relevant Byelaws.

The details contained in this application form and any attached documentation are correct to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Print Name |  |

|  |  |
| --- | --- |
| Date |  |