

Section 2: To be completed by each person who is or will be engaged in giving hands on treatment.

Treatment includes massage, aromatherapy etc

Each person **must** sign to confirm his or her details

New practitioners must supply a recent passport size photograph for identification purposes, signed and dated on the reverse. These may be stapled to the sheet.

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

1. Full Name
2. Any Maiden/Former Name
3. Date of Birth
4. Place of Birth
5. Full home address

6. Give details of technical qualifications, training courses, diplomas, experience *etc.* of the practitioner for carrying on of that business. Evidence of qualifications **must** be submitted. (*photocopies of certificates accepted*). **(Please note: if you have undertaken any new qualifications please submit a copy of your certificates otherwise for new applicants only).**
Use a separate sheet if necessary
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7. Has the practitioner been convicted under the Sexual Offences Act 1956 to 1985 or the Street Offences Act 1959.
Yes
No

8. Has the practitioner been convicted of any other criminal offences?
Yes
No

NB Criminal convictions are not an automatic bar to the granting of a licence.

Declaration: I declare that the information that I have provided is correct to the best of my knowledge and understand that I will be guilty of an offence if I knowingly provide false information.

Signature

Date.....

This form may be photocopied as many times as necessary such that all practitioners can provide their details.