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| Treatment RegistrationApplication to register a PREMISES |  |

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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](mailto: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](mailto:regulation@wigan.gov.uk)

***N.B A separate application must be made for all practitioners wishing to register to carry out treatments at this premises.***

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## 1) Applicant Details

**First (or only) Applicant**

|  |  |
| --- | --- |
| 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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| g) Have you been convicted of any crime or offence? | Yes |  | No |  |

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

**Additional Applicant (if any)**

|  |  |
| --- | --- |
| 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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| g) Have you been convicted of any crime or offence? | Yes |  | No |  |

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

## 2) Premises Details

|  |  |
| --- | --- |
| a) Trading name of business |  |

|  |  |
| --- | --- |
| b) Address of premises |  |

|  |  |
| --- | --- |
| c) Email address |  |

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

e) Treatments (to be carried out) ✓

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

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

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

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

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

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

g) 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)*.

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

j) Details of the skin piercing equipment (e.g. acupuncture, piercing, tattooing, semi-permanent, microblading equipment) which will be used, including whether this is single use or reusable

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

m) Name of the company who collects waste

|  |
| --- |
|  |

n) Please state your proposed operating times

|  |
| --- |
|  |

## 3) Payment Details

Payment of **£224.00** must be made at the time of application:

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

## 4) Declaration

I / we 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 / our knowledge and belief.

|  |  |
| --- | --- |
| Print Name(s) |  |

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