cid:image001.jpg@01CB58C4.02A3BAB0

**Add a New Practitioner**

**MASSAGE & SPECIAL TREATMENT**

I / We hereby apply to the Council of the London Borough of Croydon in pursuance of the provisions of the London Local Authorities Act 1991 and 2000, for the licensing of the following premises as an establishment for special treatment.

|  |  |
| --- | --- |
| **Current Premises Licence Number** | **………………………………………** |

Please complete all sections of the application form and send all supporting documents to Croydon Council for consideration, verification and consultation with the Fire Authority and Police.

|  |  |  |
| --- | --- | --- |
| **CROYDON COUNCIL**  The Licensing Team  3rd Floor,  Bernard Weatherill House  8 Mint Walk  Croydon  CR0 1EA  02087605466  [licensing@croydon.gov.uk](mailto:licensing@croydon.gov.uk) | **FIRE AUTHORITY**  Fire Safety Regulations  SE Area 3  169 Union Street  London  SE1 0LL  02085551200 ext 37630 | **POLICE**  Licensing Sergeant  Metropolitan Police Service Croydon Police Station  71 Park Lane, Croydon, CR9 1BP  0208 649 0167  SNMailbox.licencingcroydon@  met.police.uk |

**Your application will be rejected if you do not provide all of the**

**required documents.**

**If your application is rejected, Part A fees will be retained for administrative purposes and you will be required to reapply.**

**Add a New Practitioner**

**SECTION A**

|  |  |  |  |
| --- | --- | --- | --- |
| **BUSINESS PREMISES** | | | |
| Trading Name |  | | |
| Address |  | | |
| Contact Name |  | | |
| Business Tel |  | Mobile |  |
| Email Address |  | | |
| Website Address |  | | |

**SECTION B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT DETAILS** | | | | |
| Sole Trade Y/N | Partnership Y/N | | Organisation Y/N | Limited Company Y/N |
| Registered Company Name | |  | | |
| Registered Company Address | |  | | |
| Registered Company Number | |  | | |
| Contact Name |  | | | |
| Home Address |  | | | |
| Contact Number |  | | Mobile |  |
| Email Address |  | | | |
| Date of Birth |  | | Any previous convictions or disqualifications | YES / NO |

**Add a New Practitioner**

**Practitioners**

|  |  |  |
| --- | --- | --- |
| **CHANGES TO YOUR PREVIOUSLY ISSUED LICENCE** | | |
| Practitioner(s) **to be removed** from the licence | Treatment(s) **to be removed** from the licence |
|  |  |
|  |  |
|  |  |
| Practitioner(s) **to be added** to the licence | Treatment(s) **to be added** to the licence  Qualifications must be provided for each treatment |
|  | We only accept OFQUAL qualifications where one is available |
|  | We only accept OFQUAL qualifications where one is available |
|  | We only accept OFQUAL qualifications where one is available |

**You must vary your licence to add new practitioners once your licence has been issued for the year.**

**SECTION E**

To be completed for EACH Therapist/ Practitioner

Information provided forms part of the application and Croydon Council will consult with the Fire Authority, Health and Safety and Police on each application.

All operatives must submit qualifications in the treatment(s) they will be offering at the premises.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Home Address | | | | | |
| Telephone Number |  | | Date of Birth |  | |
| Special Treatment(s) | | Qualification(s) | | | Level(s) Gained |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
| Detail any qualification courses you are currently enrolled on: | |  | | | |

# DECLARATION

|  |  |  |
| --- | --- | --- |
| Name (Printed) | Signature | Date |
|  |  |  |

**New Practitioner Endorsement Form**

Please read the following instructions

1. Obtain x2 passport size photographs (on a light/white background) for all special treatment operative/therapist/tattooist/piercer.

2. The back of one of the photographs must be endorsed with the words

'I hereby certify that this is a true likeness of (your name)' and signed by a solicitor, notary, or a person of standing in the community or any individual with a professional qualification. A person of standing in the community includes a bank or building society official, officer of the police, a civil servant or a minister of religion. Please see overleaf for list.

3. Staple both photographs in the spaces provided below

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

4. Ask the person who endorsed the photograph to complete the boxes below.

|  |  |
| --- | --- |
| Full name and DOB of applicant in the above photograph |  |
| Current address of applicant in the above photograph (known to you) |  |
| Name of person who has endorsed the back of the above photographs |  |
| Address of person who has endorsed the back of the above photographs |  |
| Contact telephone number / email address of person endorsing photographs |  |
| How long has the applicant been known to you. |  |

|  |
| --- |
| **It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence. A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement. To do so could result in prosecution and a fine not exceeding level 5 on the standard scale.**  Signature of person endorsing photographs ............................................................  Date ........................................................ |

**List of Approved Signatories**

|  |  |  |  |
| --- | --- | --- | --- |
| Accountant (Chartered) |  | Member of Parliament |  |
| Company Secretary of a Limited Company |  | Merchant Navy Officer |  |
| Assurance Manager/Superintendent of Recognised Company |  | Minister of a recognised religion |  |
| Bank Manager/Building Society Officer |  | Nurse (SRN and SEN) |  |
| Barrister |  | Officer of armed services (Active/Retired) |  |
| Broker (Registered) |  | Optician (Registered) |  |
| Chairman/Director of a Limited Company |  | Person with Honours (e.g. OBE, MBE etc) |  |
| Chemist (Registered) |  | Photographer (Professional) |  |
| Chiropodist (Registered) |  | Officer of Police (Inspector/Chief) |  |
| Commissioner of Oaths (Solicitor/Notary Public) |  | Post Office Master/ Mistress |  |
| Councillor: Local or County |  | President or Secretary of a recognised charity/country club |  |
| Dentist (Registered) |  | Salvation Army Officer |  |
| Engineer (with professional qualifications / Member of a chartered institute) |  | Social Worker |  |
| Fire Service Officer (or a higher rank) |  | Solicitor |  |
| Funeral Director |  | Surveyor (Chartered Institute) |  |
| Insurance Manager of a recognised Company |  | Teacher/ Lecturer (School/College/Uni) |  |
| Justice of the Peace |  | Trade Union Officer |  |
| Legal Secretary |  | Travel Agency (Qualified) |  |
| Civil Servant (permanent position) |  | Valuers and Auctioneers |  |
| HR Manager (of a limited Company) |  | Warrant Officers/ Chief Petty Officers |  |

**Or person(s) of a similar standing to the above, working or retired, are acceptable as**

**signatories. Relatives or partners of applicant are not acceptable**

**Add a New Practitioner**

**Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHECKLIST – MANDATORY REQUIREMENTS**  Please provide copies of the items listed below with the application form. | | | |
| Add Practitioner Application Form |  | Qualification Certificates |  |
| Add Practitioner Application Fee |  |  |  |
| New Practitioner (s) Passport size Photographs |  | New Practitioner (s) Signed Endorsements |  |

**Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION**  I/We hereby declare that the particulars given below are true to the best of my/our knowledge and belief. | | | |
| Fee Paid | YES / NO | Application is true | YES / NO |
| Supporting documents true | YES / NO | I have read the Privacy Notice | YES / NO |

**I can confirm that I have read and will adhere to the special treatment licensing conditions (please see website)**

|  |  |  |
| --- | --- | --- |
| Applicant(s) Name (Printed) | Applicant Signature | Date |
|  |  |  |

# The following documents are NOT required to add an operative. They must be retained at the business premises, kept up to date and be made available to an officer during any inspection:

|  |  |
| --- | --- |
| **Trade Waste Agreement** Clinical Waste Agreement (if applicable)PAT CertificateFixed Wiring Certificate **Treatment Price List**  **Customer Vetting Card/Form (per treatment)** | **Floor Plans**  **Fire Alarm Certificate (if applicable)**  **Emergency Lighting Certificate (if applicable)**  **Gas Certificate (if applicable)**  **Fire Risk Assessment**  **Fire Extinguisher Certificate** |

For more details about how your information is going to be handled, please go to the Licensing Privacy Notice online at [https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-](https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-notices/licensing-service-privacy-notice) [notices/licensing-service-privacy-notice](https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-notices/licensing-service-privacy-notice)