



CHELTENHAM
BOROUGH COUNCIL

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MUNICIPAL OFFICES
PROMENADE
CHELTENHAM
GLOUCESTERSHIRE GL50 9SA

Tel: 01242 264135
Email: envhealth@cheltenham.gov.uk

Personal Registration

SR:
BDYPER

Local Government (Miscellaneous Provisions) Act 1982 Application for Personal Registration

To carry on the practice of acupuncture and the business of tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis

Application Details * required fields (use separate sheets as necessary)

1. * Indicate what the personal application is for: (Tick as appropriate)	Practice of: <input type="checkbox"/> Acupuncture Business of: <input type="checkbox"/> Tattooing <input type="checkbox"/> Semi-Permanent Skin-Colouring <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Cosmetic Piercing <input type="checkbox"/> Electrolysis.
2a. * Full Name (include title): (to go on registration certificate)	
2b. Contact name: (if different to above)	
3. * Date and Place of Birth (unless a registered business personal registration)	
4. * Full Home Postal Address including postcode:	
5. * Day Time Telephone Number: (mobile number requested)	
6. E-mail Address:	
7a. * Premises Registration Number (work location):	
7b. Name of Premises:	
7c. Location of room/s within premises e.g. first floor, front, west etc.	
7d. Telephone Number of Premises:	
7e. Contact Name for Premises and Position:	
7e. If you are not the person in control of the premises has consent be gained?	
8. List Qualifications / Experience:	
9. Membership of Professional Organisations:	
101. Have you previously been registered with any other Council?	If yes please give details:
11. * Have you ever been convicted of any offence under Section 16(1) or (2) of the above Act?	Yes/No If yes please give details on separate sheet

I hereby make application under the provisions of the above Act for registration of the above defined practice (see 1 above) and enclose the sum of £ .

Please tick to confirm consent for your registration details to be published on our website.

Signed:.....

Date:.....

Print Name (if not applicant):

Cheltenham Borough Council provides the registration service to you. We will use your personal information to provide this service to you and will need to share your information with relevant service areas within the council and partner organisations to enable us to do this. For further information about how the council uses information it holds about you please visit:

https://www.cheltenham.gov.uk/info/81/how_we_use_your_data