

SPECIAL TREATMENTS PREMISES
London Local Authorities Act 1991 – Part II



PRACTITIONER DETAILS

Trading name and address of premises	
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PRACTITIONER DETAILS	
Full name	
Home address (including postcode)	
Contact telephone no.	
Date of Birth	
National Insurance No.	Passport No.

TRAINING AND QUALIFICATION DETAILS
Training provider(s)/College/etc. (Name and address)

List relevant qualifications obtained

Provide details of any practical experience of giving treatments

If you are a member of any professional body, please provide name of body and membership number

DECLARATION

I declare that the information provided above is true

Signature of Practitioner

**Signature of applicant for Licence
(or Licensee) if different from above**

Date

NOTE: Please attach copies of relevant qualification certificates AND a copy of an acceptable form of photo identification (Do not send any original documents)