

**Application For Registration to
carry on the Practice of (Acupuncture) (Tattooing)
(Cosmetic Piercing) (Semi-Permanent
Skin Colouring)(Electrolysis)**

Local Government Act, 2003

Local Government (Miscellaneous Provisions) Act 1982

SECTION A – Premises to be Registered

Premises to be registered Trading (practice) Name:

Premises to be registered Address:

Contact Telephone Number(s):

Email:

Person(s) responsible for management of premises:

Limited Company & Registered / Head Office address (if applicable):

SECTION B – Treatment Information

At the address specified in Section A I wish to apply for registration for:

Tattooing	Cosmetic Piercing	Acupuncture	Electrolysis	Semi-Permanent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is this the initial registration for the treatment specified? Yes / No

Are you adding practitioners to an existing registration? Yes / No

The initial registration fee covers the registration of a premises for a particular 'type of skin piercing' and includes the registration of one practitioner.

SECTION C - Operator Details (each practitioner must complete application for registration)

Full Name of Applicant.....

Business name if different to above:.....

Email Address.....

Telephone number:.....

Have you Previously been registered for skin piercing? YES / No

If Yes, please provide details of where you have previously been registered including business name and Local Authority Name:

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Qualifications/ Training including NVQ Level/ degree qualification:

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Have you had any convictions under the above Act in the past 5 years? YES / NO

Section D – Premises & Equipment		If you answer ‘No’ to any of the questions, do not apply until the issues have been addressed	Comments
1	Number of Treatment Rooms used for skin piercing?		
2	Is there a wash hand basin in each treatment room	Yes No	
3	Is the wash hand basin used only for washing hands and for sole use of the practitioner?	Yes No	
4	Does the basin have a supply of hot and cold running water?	Yes No	Ideally there should be a single mixer tap which is non-hand operated
5	Is there antibacterial soap at the wash hand basin?	Yes No	Ideally soap must be dispensed from a no touch dispenser
6	Are there disposable paper towels at the wash hand basin stored in a wall mounted dispenser?	Yes No	
7	Is there a separate sink available for making drinks and/ or cleaning?		
8	Are the wall surfaces in the treatment room(s) smooth and washable?	Yes No	Acceptable wall coverings - painted plaster, wall tile which are properly grouted, smooth wall cladding/Perspex (properly installed) Unacceptable wall coverings – wallpaper, bare wood, tongue and groove cladding
9	Is the floor in the treatment room(s) smooth and washable?	Yes No	Practitioners carrying out acupuncture and electrolysis do not need to comply with this requirement, although we would expect any carpets to be steamed cleaned once a year
10	Does the treatment couch/chair have a smooth washable surface and is it in good condition?	Yes No	
11	Do you cover the couch/chair with disposable couch roll or similar? Is this changed between clients?	Yes No	

12	Are pre-sterilized needles/piercing equipment used?	Yes No	
13	What type of skin piercing equipment do you use? Please provide make and model?		
14	If your equipment has removable parts e.g. Grips, are these removed for cleaning?	Yes No N/A	Manufacturer's instructions must be followed on how to clean and where necessary sterilise equipment
15	Do you have a clinical waste contract in place including sharps boxes? If YES, please specify name of clinical waste contractor	Yes No	
16	What cleaning products are used?	Surfaces: Equipment:	For further information on cleaning see page 44 of the Kent Code of Practice and page 49 Tattooing and Piercing toolkit
17	What personal protective clothing is used?		e.g gloves (vinyl/nitrile are recommended), apron, mask
18	Is the skin cleaned before treatment?	Yes No	
19	Are skin markers used? If YES, please specify details	Yes No	These must be single use and disposable.
20	Consent Forms - Is a medical questionnaire and formal written consent completed?	Yes No	The client must be advised of the risks associated with the procedure for informed consent to be given
21	Make and model of sterilisation equipment, if applicable (ultrasonic /autoclave) and or sterilization solution?		

SECTION E - Declaration

I declare that the information given is true to the best of my knowledge and belief
AND

I have read and understood the Kent Code of Practice for Hygienic Skin Piercing

Yes / No

I have completed the form on behalf of the applicant Yes / No

Signed:

Print Name:

Position in Company:

Dated:

Email of person paying:

Please return this form to:

Environmental Health
14 Rose Lane
Canterbury
Kent
CT1 2UR

Email to: envhealth@canterbury.gov.uk

**PLEASE NOTE THAT IT IS AN OFFENCE TO OPERATE A SKIN PIERCING
ACTIVITY WITHOUT FIRST OBTAINING THE RELEVANT REGISTRATION**

If you do not receive acknowledgement of this application within 10 days of it being posted, please contact the Environmental Health at envhealth@canterbury.gov.uk

PLEASE NOTE ALL FEES ARE NON-REFUNDABLE