

Application to administer massage or special treatment

Establishments for massage or special treatment



To:

Department for Environment and Place
(Regulatory Services)
Southend-on-Sea Borough Council
Civic Centre, P.O. Box 6, Victoria Avenue,
Southend-on-Sea, Essex SS2 6ZG

I/We, the undersigned, hereby give notice that I/We wish to permit the **person** named hereunder to **administer** massage or special treatment at the establishment situated at:

Enter the name of the business: _____

Full name (maiden name if applicable): _____

Private address:

Previous address(es) if less than to 2 years:

Telephone number: _____

Date of birth: _____

Place of instruction and name and qualifications of teacher:

Proof of tuition (give dates):

Has tuition included lessons in:	Tick all applicable:
(a) Anatomy?	
(b) Elementary physiology?	
(c) Theory and practice of massage?	
(d) Chiropody?	

Particulars of training in clinical work and period of which such training extended:

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Particulars of certificates in chiropody:	
Particulars of certificates in massage:	
Particulars of certificates in nursing:	
Particulars of certificates in other subjects associated with massage:	
Particulars of qualifications for giving electric baths or other special treatment:	
Particulars of experience in association with persons in medical practice:	
Names and addresses of two persons having knowledge of the applicant or assistant and to whom the Council can refer:	(1)
	(2)

I declare that the above particulars are true in every respect.

I/We hereby give notice to the Chief Officer of Police of my/our intention to apply to Southend-on-Sea Borough Council for modification of the licence under Part VI of the Essex Act 1987 issued to me/us to permit the person named above to administer the

treatment as aforementioned at the above establishment. I/we understand that the individual specified above will be the subject of a Police record check, and that spent convictions are not taken into account. I/we give consent to a Police record check being made.

Signature of person carrying out treatment:

Signature of person applying for a licence or a modification of same:

WARNING - A person applying for a licence, or a modification of same, who provides any information which he knows to be false in a material sense or intentionally withholds any material information is liable on summary conviction to a penalty not exceeding £2,500.

This form when completed should be returned to:

Southend-on-Sea City Council
Department For Environment Place
(Regulatory Services)
Southend-on-Sea Borough Council
Civic Centre, Victoria Avenue,
Southend-on-Sea, Essex SS2 6ZG
Tel: 01702 215005

Application to licence an establishment for massage or special treatment/application to administer massage or special treatment - the photographs

Taking and printing a valid photo ID

Two photographs of the applicant must be included with your application, which shall be:

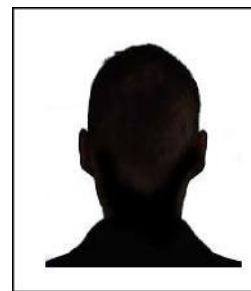
- (i) taken against a light background so that the applicant's features are distinguishable and contrast against the background,
- (ii) 45 millimeters by 35 millimeters,
- (iii) full face uncovered and without sunglasses and, unless the applicant wears a head covering due to his religious beliefs, without a head covering,
- (iv) on photographic paper,
- (v) one of which is endorsed with a statement verifying the likeness of the photograph to the applicant by a solicitor, notary, a person of standing in the community (this includes a bank or building society official, a police officer, a civil servant or a minister of religion), or any individual with a professional qualification.

Please ask your counter signatory to certify the rear of one photograph with the handwritten words:

"I verify this to be a true likeness of (*NAME*)". The photo should then be signed and the name printed, also state how they qualify.



Photos should be stapled at the edge in the spaces provided



Form to complete

Applicant

Name of applicant (please print)

Address of applicant:

Signatory (person certifying the photographs)

Name of signatory (please print):

Address of signatory:

Contact/telephone:

State how the person qualifies to certify the photographs (Include company details where appropriate):

List of acceptable signatories for personal licence application photographs

- Accountant
- Articled Clerk of a Limited Company
- Assurance Agent of Recognised Company
- Bank/Building Society Official
- Barrister
- Broker
- Chairman of a Limited Company
- Chemist
- Chiropodist
- Civil Servant (permanent)
- Commissioner of Oaths
- Councillor: Local or County
- Dentist
- Director of a Limited Company
- Doctor
- Engineer (with professional qualifications)
- Fire Service Official
- Funeral Director
- Justice of the Peace
- Legal Secretary (members and fellows of the Institute of legal secretaries)
- Local Government Officer
- Member of Parliament
- Merchant Navy Officer
- Minister of a recognised Religion
- Notary
- Nurse (SRN & SEN)
- Officer of the Armed Services (Active or Retired)
- Optician
- Person with Honours (eg MBE etc)
- Police Officer
- Post Office Official
- President/Secretary of a recognised organisation
- Prison Officer
- Salvation Army Officer
- Senior Manager/Personnel Officer (of Limited Company)
- Social Worker
- Solicitor
- Surveyor
- Teacher/Lecturer
- Warrant Officers and Chief Petty Officers

Or persons of similar standing to the above, working or retired, are acceptable as signatories.

Please note that:

- the applicant must be known to signatory
- relatives or partners are not acceptable nor are other personal licence holders or licensees unless
- they also qualify in one of the above categories
- final decision on the validity of signatories rests with the Licensing Authority