



**Part II of the London Local Authorities Act 1991 – Additional Therapists  
Registration**

**PLEASE READ ALL THE FOLLOWING INSTUCTIONS FIRST**

- 1) Before completing this form please read the guidance notes at the end of the form;
- 2) Please write **CLEARLY** and use **BLACK** ink.
- 3) Please ensure all details are correctly completed, all photographs, copies of certificates and payment submitted together otherwise your application will be deemed incomplete and returned.

**Person/s providing the Special Treatments**

**Please Note:** It will be a condition of any licence granted that any person providing ‘Special Treatments’ at the premises, or allowing them to be provided, is:

- Suitably qualified, trained and/or experienced to do so; and
- Legally entitled

Given the above and prior to completing this section, its suggested applicants read the:

- Terms and Conditions Section 6 and 7 which provides assistance on Qualifications & Training, Tattooing and Body Piercing.
- The Government’s guidance on how to carry out right to work checks and what documents you can accept, both of which are on the website GOV.UK

Shortcut to: <https://www.gov.uk/legal-right-work-uk>

**Any overseas qualifications must be verified by UK ENIC (formally UK NARIC).**

**Please Tick**

Practitioner   
Apprentice

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):		
Forename/s:			
Surname:			
Home Address:			
Post Code:			
Home Telephone Number:		Personal Mobile Number:	
Email:			
National Insurance Number:			
Date of Birth:		Place of Birth (Town & Country e.g. Hounslow, UK):	
Special Treatments to be Provided:			
<b>Two identical passport size and quality photographs, taken within the last month, of the ‘Practitioner’ must be provided - see Notes 15.</b>			



**The Premises**

**Details of the Premises at which you will be providing the Special Treatments**

Trading Name:	
Address:	
Post Code:	
Telephone Number of Premises:	Premises Email:
Premises (business) web site address:	

**Convictions**

**1) Has ‘any person’ named in this application been convicted, within the last five years of an offence under Part II of the London Local Authorities Act 1991?**

Please Tick:    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide the name of each person convicted, the offence for which they were convicted, the date of the conviction, the sentence imposed and the name and the location of the convicting court:
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**Required Documentation**

**The documentation set out below MUST accompany this Application.**

**Please Note: If any documentation or payment is missing the Application will be deemed incomplete and returned.**

<ul style="list-style-type: none"> <li>• Letter/s from UK ENIC (formally UK NARIC) for all overseas qualifications for each relevant Practitioner.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Two identical passport size and quality photographs, taken within the last month, of all persons named in the application as providing ‘Special Treatments’.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• The correct fee You can pay by Bacs transfer. Details of Bacs payments <b>see note 8.</b> Or you can call the Licensing Team to make card payment once the application has been received on 0208 583 4711.</li> </ul>	<input type="checkbox"/>
<p><b><u>Please Note:</u> If an Officer is unable to contact you via phone or email within a couple of days of receiving the application it will be deemed incomplete and sent back to you.</b></p>	<input type="checkbox"/>

**Section J – Correspondence Details**



**Contact in respect of the Application**

Contact name (where not previously given) and postal address for correspondence associated with this application	
Name:	
Address:	
Postcode:	
Telephone:	Mobile:
Email:	
Relationship to the applicant (e.g. Solicitor, Agent):	

**Section K – Declaration**

**This declaration must be signed by the applicant; that is the individual named in the application; or in respect of an application made by a partnership, each partner; or in respect of an application made by a Company, the Company Director/s.**

I declare that the information contained in this application is true and accurate to the best of my knowledge and belief.	
I understand that the information I have provided will be stored on the Council's database and may be shared and that such information may extend to personal data.	
Signature:	Date:
Print Name:	

**Please return completed form to:**

Licensing  
London Borough of Hounslow  
Hounslow House  
7 Bath Road  
Hounslow TW3 3EB



## Notes:

1. All therapists named will have the appropriate qualifications and/or training and/or experience to provide the specific 'special treatments' they will be providing. It will be a condition on any licence granted that 'training records' are kept in respect of all persons providing 'special treatment'.
2. **All overseas qualifications must be verified by UK ENIC (formally UK NARIC).**
3. The minimum level of a qualification is the required NVQ / SVQ Level 2 or City & Guilds or other nationally recognised and accredited qualification. This means the therapist will be required to provide additional evidence to show they have since met the required standards(s) of qualification.
4. Copies of all new practitioners' qualifications must be provided to the Council prior to the offering or providing an licensable treatment. Their qualifications will only be accepted as suitable where the training has been provided by those providers identified through the list of 'Accredited Training Bodies' held by the Council or where the training provider can demonstrate and provide to the Council 'Training & Qualification Syllabus etc' the candidate has undertaken, of which needs to be of a comparable standard to those training organisation's on the accredited list of providers.
5. Surgeries will be held at the Civic Centre fortnightly and will need to be booked 2 weeks in advance. You will need to email [licensing@hounslow.gov.uk](mailto:licensing@hounslow.gov.uk) or call 0208 583 4711 to make this appointment.
6. All therapists must be legally entitled work in the UK. The Home Office has issued guidance to assist employers in this respect.
7. Two identical passport size and quality photographs, taken within the last month, of all persons named in question 8 as providing 'special treatments' at the premises **must** accompany the application. The Practitioners name must be printed on the reverse side of each photograph. Failure to provide satisfactory photographs will result in the application being rejected.

To be accepted the photographs must be:

- the standard size used in photo booths in the UK (which is 45 mm high x 35mm wide); and not be a cut down version of a larger picture;
- printed to a professional standard;
- taken within the last month;
- in colour on plain white photographic paper with no border;
- taken against a plain cream or light grey background;
- clear and in focus;
- without any creases or tears
- marked on reverse with the individuals full name;
- unaltered by computer software;
- a close-up of the individuals full head and upper shoulders; and
- in clear contrast to the background.

Photographs **must not** contain other objects or people and the individual in the photograph **must be** facing forward and looking straight at the camera.

8. This section acts as a reminder to the applicant to provide the correct fee and all other required documentation. The fee in respect of this application is as prescribed in the Councils, guidance 'Special Treatment Fees'.

**Bacs Payments** the account details are below. You will need to put in the **reference field** when before transferring: code **C5370V144**. This to ensure the money goes into the correct account. We then require a print out/screen shot of the **payment receipt** along with the application so we have proof of payment.

Account Name: LB Hounslow Main Account  
Account Number: 20364814



# London Borough of Hounslow

1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026

Sort Code:

60-11-18

**Card Payment:** You can call the Licensing Team to make a card payment once the application has been received on 0208 583 4711. Payment cannot be accepted until the Team have the full application.

**Please Note:** If an Officer is unable to contact you via phone or email within a two of days of receiving the application it will be deemed incomplete and sent back to you.