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**NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART IV)**

**APPLICATION FOR THE USE OF CLASS 3B AND CLASS 4 LASERS AND INTENSE PULSED LIGHT SYSTEMS ONLY**

This application form must be completed and returned to:

**Communities, Environment & Resident Services, Licensing, Byron House, Maid Marian Way, Nottingham, NG1 6HS.**

with a copy sent to Nottinghamshire Police, at:

**The Chief Constable, Nottinghamshire Police, City Division Licensing Team, Central Police Station, Byron House, Maid Marian Way, Nottingham NG1 6HS.**

The term ‘*establishment for massage or special treatment’* means any premises used for or represented as being or intended to be used for the reception or treatment of persons requiring:

1. *Massage; or*
2. *Electric treatment of radiant heat, light, electric vapour or sauna or other baths for therapeutic treatment; or*
3. *Other similar treatment.*

Examples of licensable treatments include the operation of UV tanning equipment for use by the public, hair removal or tattoo removal treatments using Class 3B or 4 laser devices/IPL devices, hot stone treatment and the operation of sauna and steam rooms.

As part of its consideration of an application for a licence for massage or special treatment, the Council may refuse to grant or renew a licence in the case of any person who has been convicted of an offence under the Sexual Offenders Acts or the Street Offences Acts or who may be otherwise unsuitable to hold a licence. Also, persons of known immoral character must not be employed in massage or special treatment establishments.

Under Section 11(6) of the Nottinghamshire County Council Act 1985, applicants must give notice to the chief constable of Nottinghamshire Police of their application for a Massage or Special Treatment licence. This application requires you to declare that this notice has been given. Notice can be given to the address listed above.

In order to show that a person is of good character, suitable evidence should be obtained and submitted as part of the application, or as part of the notification of a proposal to employ new staff. Due to the Data Protection Act, information which may be held on the National Police Computer relating to relevant offences cannot be accessed by a third party. Such evidence may be obtained by completing a Data Subject Access Request Form **G520a** by following the link <https://www.nottinghamshire.police.uk/document/apply-access-information-held-nottinghamshire-police%E2%80%99s-systems-subject-access-request-form>.

Exemptions

Please note that a licence may not be required if you are a member of any duly constituted organisation or association which specifies qualifications for the practice by its members of chiropractic, osteopathy, naturopathy or acupuncture, being a member who is required to observe professional standards in such practice. Please contact Safety.Enforcement@nottinghamcity.gov.uk for advice regarding this exemption.

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| **Communities, Environment & Resident Services** |
| Licensing |
| Central Police Station Byron House |
| Maid Marian Way |
| Nottingham |
| NG1 6HS |
|  |
| **NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART IV)** |

**APPLICATION FOR THE USE OF CLASS 3B AND CLASS 4 LASERS AND INTENSE PULSED LIGHT SYSTEMS ONLY**

**PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS**

Ihereby apply for a licence: (tick as appropriate) Grant [ ]  Renewal [ ] Transfer [ ]

|  |
| --- |
| **APPLICANT** |
| 1. Applicant’s full name
 |  |
| 1. Any Maiden/former name(s)
 |  |
| 1. Date of birth
 |  |
| 1. Place of birth
 |  |
| 1. Applicant’s private address
 |  |
| 1. Daytime telephone number
 |  |
| 1. Is this application on behalf of a company, society, association or other body?

In the case of a company, society, association or other body, give the registered office (and principal office if different) and names and private addresses of the directors or other persons responsible directly or indirectly for the management of the establishment | ☐ Yes ☐ No |
| 1. Is the applicant the sole owner of the premises?
 | [ ]  Yes [ ]  No |
| 1. Is the applicant the sole owner of the business?
 | [ ]  Yes [ ]  No |
| 1. Is the applicant the manager of the business?
 | [ ]  Yes [ ]  No |
| 1. Give details of any interest including employment in any other establishment for massage or special treatment within the UK
 | [ ]  None [ ]  YesIf Yes, please provide the name and address of the establishment(s) below: |
| 1. Has the applicant been convicted under the Sexual Offences Act 1956 to 1985 or the Street Offences Act 1959?
 | [ ]  Yes [ ]  NoIf Yes, please provide details: |
| 1. Has the applicant been convicted of any other criminal offences?

**Please see enclosed guidance regarding spent convictions. Criminal convictions are not an automatic bar to the granting of a Licence.** | [ ]  Yes [ ]  NoIf Yes, please provide details: |
| **ESTABLISHMENT DETAILS** |
| 1. Trading name of the establishment/business
 |  |
| 1. Full address of the establishment
 |  |
| 1. Telephone number of the establishment
 |  |
| 1. Email address of the establishment
 |  |
| 1. Name of the person in control of the establishment
 |  |
| 1. Contact details of the person in control of the premises (if different from above)
 |  |
| 1. Name and address of Business Laser Protection Advisor **(LPA)**
 |  |
|  |  |
|  |  |
|  | Tel: |  |
|  | Email: |  |
| 1. Details of qualifications and registration of the **LPA**
 |  |
| 1. Name and address of Business Laser Premises Supervisor **(LPS)**
 |  |
|  |  |
|  |  |
|  | Tel: |  |
|  | Email: |  |
| 1. Details of the Laser and or Intense Light System (S) (Prescribed Equipment) to be used at the premises and operating frequency of the equipment (use separate sheet if necessary)

Please include the Serial Number for all equipment. | Name and Details | Serial Number |
|  |  |  |
| 1. Please provide details of eye protection to be used with the above equipment.

(Include British Standard Reference No.) |  |
| 1. **Name of Authorised Users of the equipment**

Note: All authorised users at the premises, including the laser premises supervisor (LPS) must also complete a Section 2 form (below). |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **List of Treatments (Please tick all that undertaken at your business)** |
| **Vascular Treatments** |[ ]  **Ablative Treatment** |[ ]
| Port wine stains |[ ]  Removal of epidermal layers |[ ]
| Telangectasia |[ ]  Acne scarring |[ ]
| Thread veins |[ ]  Wart removal |[ ]
| Leg veins |[ ]  Benign lesions |[ ]
| **Pigmented Treatments** |[ ]  **Photo-Rejuvenation** |[ ]
| Tattoo removal |[ ]  Photo-aging |[ ]
| Pigmented lesions |[ ]  Rosacea |[ ]
| Lentignes |[ ]  Large pores |[ ]
| Photo-aging |[ ]  Mottled pigmentation |[ ]
| **Hair Removal** |[ ]   |  |
| Body and facial hair |[ ]  **Any other Treatment (Please list)** |  |
| Hair management for hirsutism |[ ]   |  |
|  |  |  |  |

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| **Please attach the following documents** |
| 1. A copy of the Treatment Protocol that covers all treatments offered produced or approved by an Expert Registered Healthcare Professional (ERHP) for each Laser and /or Intense Light System (Prescribed Equipment) to be used on the premises
 |[ ]
| 1. A copy of the Local Rules, Risk Assessment and Register of Authorised Users
 |[ ]
| 1. Completed Section 2 forms for all Authorised Users including copies of certificates and photographs
 |[ ]
| 1. A plan of the premises (see attached guidance)
 |[ ]
| 1. A copy of the public liability insurance (with schedule) for the premises
 |[ ]

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see <http://www.nottinghamcity.gov.uk> or contact the licensing department. If you require any additional information on how we process personal data, please visit [www.nottinghamcity.gov.uk/privacy-statement](http://www.nottinghamcity.gov.uk/privacy-statement)

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| **Declaration****I, the undersigned, hereby declare that the information contained in this application is true and accurate to the best of my knowledge.****I understand that if I knowingly or recklessly make a false statement or omit any material particularly in giving information as part of this application I shall be committing an offence and will be liable for prosecution.****I confirm I have notified Nottinghamshire Police of this application for a Massage and Special Treatment(s) licence.****Applicant’s Signature: Date:**  |

**Once your application has been processed, the Licensing Team will contact you to take the payment fee. The fees listed below are subject to change periodically, however the Licensing Team will advise you of the current fee when you are contacted for payment to be taken.**

|  |  |
| --- | --- |
| Laser / IPL Treatments |  |
| Laser/IPL Equipment with or without part body massage and/or other special treatment | £429.00 |
| Laser/IPL equipment and provision of full body massage with or without other special treatment  | £668.00 |
| Renewal of Laser/IPL equipment with or without part body massage and/or other special treatment | £339.00 |
| Renewal of Laser/IPL equipment and provision of full body massage with or without other special treatment | £578.00 |

**Section 2 – To be completed by each Authorised User i.e. a person who is deemed competent to operate the Class 3b or 4 Laser/IPL device**

**Please photocopy as necessary. Each person must sign to confirm his or her details. Please provide a passport sized photograph of each person.**

|  |  |
| --- | --- |
| 1. Full name:
 |  |
| 1. Any Maiden/Former name(s):
 |  |
| 1. Date and place of birth:
 |  |
| 1. Home address:
 |  |
| 1. Contact telephone number
 |  |
| 1. Email address
 |  |
| 1. Trading name and address of the Establishment (work premises where licensable treatment takes place)
 |  |
|  |
|  |
| Tel: |  |
| Email: |  |
| 1. Have you been convicted under the Sexual Offences Act 1956 to 1985 or the Street Offences Act 1959?
 | [ ]  Yes [ ]  NoIf Yes, please provide details: |
| 1. Have you been convicted of any other criminal offences?

**Please see enclosed guidance regarding spent convictions. Criminal convictions are not an automatic bar to the granting of a Licence.** | [ ]  Yes [ ]  NoIf Yes, please provide details: |
| 1. Please attached a passport sized photograph of the Practitioner
 |  |
| 1. Please enclose evidence of your Core of Knowledge Training Certificate [ ]
 |

All Practitioners are required to complete the treatment and qualifications table below. You must attach a photocopy of the certificate or training record to this registration form as proof that you have received the qualification.

**Please tick treatment you’re trained in and attach copies of the certification**

|  |  |  |
| --- | --- | --- |
| **List of Treatments** | ✓ | **Qualifications Details – Please attach certificates** |
| **Vascular Treatments** |[ ]   |
| Port wine stains |[ ]   |
| Telangectasia |[ ]   |
| Thread veins |[ ]   |
| Leg veins |[ ]   |
| **Pigmented Treatments** |[ ]   |
| Tattoo removal |[ ]   |
| Pigmented lesions |[ ]   |
| Lentignes |[ ]   |
| Photo-aging |[ ]   |
| **Hair Removal** |[ ]   |
| Body and facial hair |[ ]   |
| Hair management for hirsutism |[ ]   |
| **Ablative Treatment** |[ ]   |
| Removal of epidermal layers |[ ]   |
| Acne scarring |[ ]   |
| Wart removal |[ ]   |
| Benign lesions |[ ]   |
| **Photo-Rejuvenation** |[ ]   |
| Photo-ageing |[ ]   |
| Rosacea |[ ]   |
| Large pores |[ ]   |
| Mottled pigmentation |[ ]   |
|  |  |  |
| **Any other Treatment (Please list)** |  |  |
|  |  |  |
|  |  |  |

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see <http://www.nottinghamcity.gov.uk> or contact the licensing department. If you require any additional information on how we process personal data, please visit [www.nottinghamcity.gov.uk/privacy-statement](http://www.nottinghamcity.gov.uk/privacy-statement)

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| --- |
| **Declaration****I, the undersigned, hereby declare that the information contained in this application is true and accurate to the best of my knowledge.****I understand that if I knowingly or recklessly make a false statement or omit any material particularly in giving information as part of this application I shall be committing an offence and will be liable for prosecution.****Practitioners Signature: Date:**  |

**GUIDANCE NOTES FOR APPLICANTS**

**REHABILITATION OF OFFENDERS ACT 1974**

You will notice that one of the sections of the application form asks you to provide details of any criminal convictions that you have. You should read these Guidance Notes and those relating to the guidelines for convictions, carefully before completing these sections. Nottingham City Council has made a commitment not to discriminate against ex-offenders and if you have to disclose any previous convictions this will not automatically exclude you from the application process. Former convictions will only be considered in this specific context of your application will only be taken into account if the nature of the offence is relevant to the type of work you will be doing.

**What is a ‘Spent’ Conviction?**

Under the provisions of the Rehabilitation of Offenders Act 1974, if someone has been convicted of an offence and is not convicted again during a specified rehabilitation period, their conviction becomes ‘spent’. A spent conviction need not be disclosed on your application form.

If however, your conviction has not been spent you must disclose it on your application form. You do not need to tell us about any convictions which have become spent under the terms of the Act - you are only obliged to disclose any convictions which are un-spent.

**How long are the Rehabilitation Periods?**

A conviction becomes spent after a certain length of time which changes with the sentence and your age at the time of conviction. Some examples are:-

|  |  |
| --- | --- |
| **Sentence** | **Period of Good Conduct needed for Conviction to become Spent** |
| \* 6 months to 30 months imprisonment or Youth Custody Sentence | 10 Years |
| \* Less than 6 months imprisonment or Youth Custody Sentence | 7 Years |
| \* A Fine or Community Service Orderor Probation Order/Community Punishment Order | 5 Years |
| An Absolute Discharge | 6 Months |
| Dismissal from HM Service | 7 Years |
| Borstal | 7 Years |
| Conditional Discharge or Bind Over | 1 Year from the date of conviction or period of discharge, or bound over, whichever is the longer. |

Note: \*the Rehabilitation periods are halved if the offender was under 17 at the time of the offence was committed.

If you have previous convictions for which the specified rehabilitation period is not yet expired you must declare these convictions on your application form. Sentences exceeding 30 months are never spent. It is the sentence imposed by the Court that counts (even if it is a suspended sentence), not the actual time spent in prison. Any information given will be treated as confidential and used only in connection with this application.

**Where Can I Get Further Advice about how the Rehabilitation of Offenders Act Applies to Me?**

If you are unsure about whether you have to declare a previous conviction you should contact your local Probation Officer or the Citizens Advice Bureau or your Solicitor or consult the Home Office Publication ‘A Guide to the Rehabilitation Offenders Act 1974’. If you require any additional information on how we process personal data, please visit [www.nottinghamcity.gov.uk/privacy-statement](http://www.nottinghamcity.gov.uk/privacy-statement)