

Nottinghamshire County Council Act 1985 (Part IV)

**APPLICATION FOR THE REGISTRATION AS A PRACTITIONER OF INTENSE LIGHT SYSTEMS AND / OR LASER EQUIPMENT ONLY**

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

# TYPE OF LICENCE APPLICATION

***Please tick below which type of licence that you are applying for:***

# NEW LICENCE □

**RENEWAL OF LICENCE** □

***To be fully completed by the applicant in all cases***

|  |  |  |
| --- | --- | --- |
| **1.** | Name of Premises : |  |
| **2.** | Address of Premises: |  |
|  |
|  |
|  |
| Post Code: |  |
| Telephone Number: |  |
| **3.** | Name of Applicant to be registered: |  |
| **4.** | Maiden / Former Name(s): |  |
| **5.** | Date Of Birth / Place of Birth: |  |
| **6.** | Home address of Applicant / Practitioner: |  |
|  |
|  |
|  |
| Post Code: |  |
| Telephone Number: |  |
| **7.** | Have you been previously licensed to use Laser / Intense Light equipment (Prescribed Equipment) with any other Local Authority? | **Yes** / **No** (delete as applicable) |
| If **Yes**, please provide details of each Local Authority: |  |

|  |  |  |
| --- | --- | --- |
| **8.** | Please attach a passport size photograph of yourself: | ***Please attach your photograph here*** |

**All Practitioners are required to complete the treatment and qualifications table below. Please “tick” the appropriate boxes for which you are qualified to perform treatments.**

**You must attach a photocopy of the certificate or training record to this registration form as proof that you have received the qualification.**

|  |  |
| --- | --- |
| **List of Treatments** | **Qualification – 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)** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.**

Under the GDPR and DPA, Ashfield District Council, Urban Road, Kirkby in Ashfield, Nottingham. NG17 8DA is a Data Controller for the information it holds about you. The Council will hold the information above provided by you for assessing your application. The lawful basis under which the Council uses personal data for this purpose is Public Task.

The information provided by you includes the following special categories of personal data:

* **Physical or Mental Health**
* **Genetic / Biometric data**
* **Criminal History (including motoring offences)**

Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.

Your data will be held for a period of 6 years. Subject to some legal exceptions, you have the right to request a copy of the personal information the Council holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability). The information provided by you may also be used for other functions carried out by the Council in accordance with GDPR and DPA. For more information about how the Council may use your data and to learn more about your rights please see the Council’s Privacy Statement: [**www.ashfield.gov.uk/privacy**](http://www.ashfield.gov.uk/privacy)

If you have any concerns or questions about how your personal data is processed, please contact the Council’s Data Protection Officer at the address at the bottom of this form or by email to **dpo@ashfield.gov.uk**. If you are dissatisfied with the Council’s response you can complain to the Information Commissioner's Office in writing to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or by telephone 0303 123 1113 (local rate) or 01625 545 745.

**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 read the General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.

**Signature of Applicant: Date:**

**Please return your completed application and additional documents to: Licensing Authority, Ashfield District Council, Urban Road, Kirkby in Ashfield, Nottinghamshire, NG17 8DA**