

PIERCING AND TATTOOING (JERSEY) LAW 2002

APPLICATION TO REGISTER PREMISES

To be completed by applicants who operate a premises that falls within the requirements of the above Law

*In addition to the information provided in this application, **please note there is a registration fee of £100***

1. Please indicate the treatment/s undertaken on the premises

Acupuncture <input type="checkbox"/>	Body Piercing <input type="checkbox"/>	Dry Needling <input type="checkbox"/>	Ear Piercing <input type="checkbox"/>
Electrolysis <input type="checkbox"/>	Semi Permanent Make Up <input type="checkbox"/>	Tattooing <input type="checkbox"/>	

2. Details of Business Operator

Business/Trading Name	Premises Address	Email Address

(in the case of a company the Registered/ Principal Office)

Telephone Number _____

Name of Business Owner

Forename/s	Surname

Home Address

Postcode _____	Email Address:
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Contact Telephone Number _____

3. Details of Practitioner/s and Treatment/s undertaken at the Premises

Please List all the Practitioners who operate from your premises and the treatments they offer at your premises

Practitioner's Name	Treatments

4. Declaration

To the best of my knowledge, information and belief, the information provided in this application is true and complete. I confirm that I will comply with the standards as set down in the approved code of practice. I understand that any false statements may provide grounds for refusal of my application to be registered, or if discovered post registration, the cancellation of my registration.

Signature of applicant

Position

Date

Application Checklist:

Have you:

- completed all relevant sections
- signed and dated the declaration
- The £100 fee has been paid by cheque, cash, or BACS payment

If payment of the £100.00 fee is not made by cash at 23 Hill street, please confirm how of payment has been made:

Payment has been requested using the below BACS details:

Bank: HSBC - 40-25-33

Account: 91664239

In the name of: States of Jersey BACS Payment Received

Please quote reference DSH201.330430 plus your surname

A cheque is enclosed made payable to the Treasurer of the States

PLEASE NOTE: IF THIS FORM IS INCOMPLETE OR RETURNED WITHOUT THE REQUIRED PAYMENT, YOUR REGISTRATION WILL BE DELAYED.

Please return this completed form to:

Jersey Care Commission
2nd Floor, 23 Hill Street
St. Helier, JE2 4UA

Or fax to 01534 445773,
or scan and email to enquiries@carecommission.je

If you have any queries, please contact:
Mandy Bates (01534 445801) or
Sally Hazley (01534 445802).