

PIERCING AND TATTOOING (JERSEY) LAW 2002

APPLICATION TO REGISTER AS A PRACTITIONER

To be completed by applicants who intend to practise under the above Law

1. Please indicate the treatment/s you will be undertaking

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

2. Personal Details

| | |
|------------|----------|
| Forename/s | Surname |
| | |

Gender: Male Female

Date of birth:

Home Address

| | |
|--|--|
| Postcode _____ | Email Address: |
|--|--|

Contact Telephone Number _____

Email address _____

3. Details of qualifications or relevant training

Please provide details

| Qualification | Awarding Institution (name and location) | Year of qualification |
|---------------|--|-----------------------|
| | | |
| | | |
| | | |

Please provide details of any relevant training

| |
|--|
| |
|--|

4. Employment Details

Please provide the name, address and email contact details for each place of employment from where you intend to practice (continue on a separate sheet if necessary)

| Business/Trading Name | Premises Address | Email Address |
|-----------------------|------------------|---------------|
| | | |
| | | |

Proposed date of commencing employment _____

5. 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 (by hand in full)

Date

Please note, on receipt of your application we will invoice you for the registration fee of £55.

Application Checklist:

Have you:

- completed all relevant sections
- signed and dated the declaration

Enclosed:

- Where relevant a copy of your qualification/training certificates
- A copy of your photographic ID (passport or driving licence)

Please return this completed form to:

Jersey Care Commission
1st Floor, Capital House
8 Church Street
St. Helier
JE2 3NN

or scan and email to notifications@carecommission.je

If you have any queries, please contact us on 01534 445801