

Jersey Care Commission Piercing and Tattooing (Jersey) Law 2002

Portal guidance

IMPORTANT

PLEASE READ THIS INFORMATION BEFORE COMPLETING AN APPLICATION FOR REGISTRATION UNDER THE ABOVE LAW.

The following information is provided to assist those who may wish to apply for registration in accordance with the Piercing and Tattooing (Jersey) Law 2002. However this document only provides guidance, and for definitive purposes reference should be made to the original Law, which is available at ([Piercing and Tattooing \(Jersey\) Law 2002 \(jerseylaw.je\)](http://jerseylaw.je))

Who does the Law apply to?

All persons administering the treatments in a registered practice must be registered as a practitioner under the law, or be registered in an exempt profession. A list of the exempt professions is given in the approved [code of practice](#).

The Law regulates the following treatments which are defined in the approved code of practice:

- Acupuncture (including Dry Needling)
- Body Piercing
- Ear piercing
- Electrolysis
- Tattooing (including Semi Permanent Make-Up)

Any premise where the above treatments are administered must be registered and the applicant must agree to comply with the approved code of practice

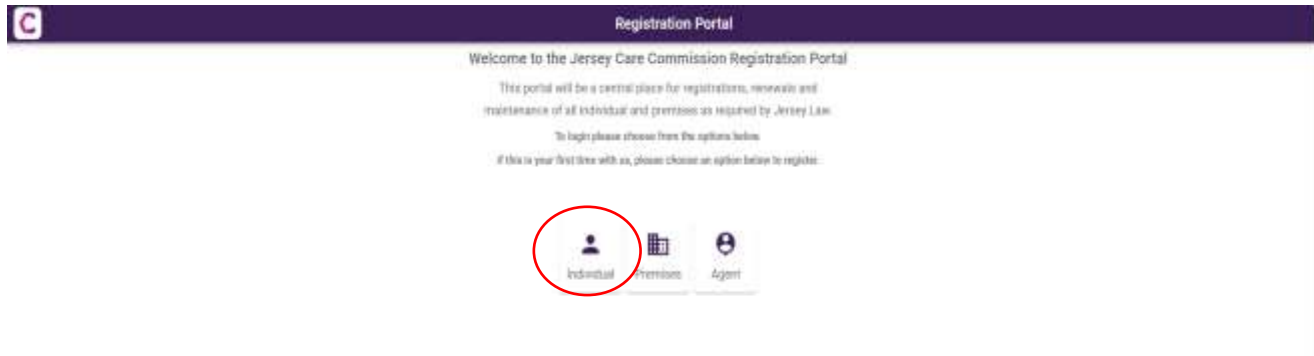
How do I register?

It is essential that the details are completed correctly. Incorrect or incomplete information will be returned, delaying the registration and consequently this can delay the date from which employment in the registrable occupation can commence.

An application for registration must be submitted via the portal available by [clicking here](#)



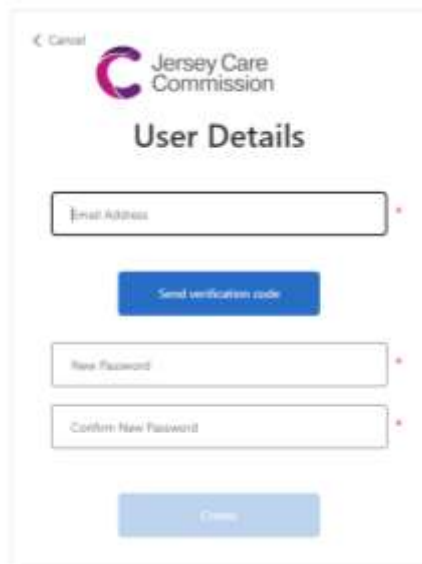
You will be taken to the following screen. Click on Individual:



Click on 'Sign up Now'



Add in your email address and click 'Send Verifications Code'.





Once this has been received please add the code in the field 'Verification Code' and click 'Verify Code'.

A mobile app screen titled 'User Details' with the Jersey Care Commission logo at the top. Below the title, a message states: 'Verification code has been sent to your inbox. Please copy it to the input box below.' There are two input fields: the first is empty, and the second is labeled 'Verification Code'. Below these are two blue buttons: 'Verify code' (circled in red) and 'Send new code'. At the bottom are two masked password input fields (each with 10 dots) and a blue 'Create' button.

Please create a password and click 'Create'.(you have the option to change to a different email address at this stage).

A mobile app screen titled 'User Details' with the Jersey Care Commission logo at the top. Below the title, a message states: 'E-mail address verified. You can now continue.' There is one input field at the top. Below it is a blue 'Change e-mail' button. Then there are two masked password input fields (each with 10 dots). At the bottom is a blue 'Create' button, which is circled in red.

Please add your full Name (where relevant this must be the same as that with which you are registered with any UK regulatory body) and click 'Confirm'.

Registration Portal

Confirm Details

Please confirm your details below.
You can update these details on your profile at any time.

Area shown*

First Name*

Middle Name

Last Name*

Confirm

You will be taken to the following screen. Please click on 'New Application'.

Registration Portal

Your Registrations
No Submitted Registrations Found
Please complete a new/draft application below

Applications

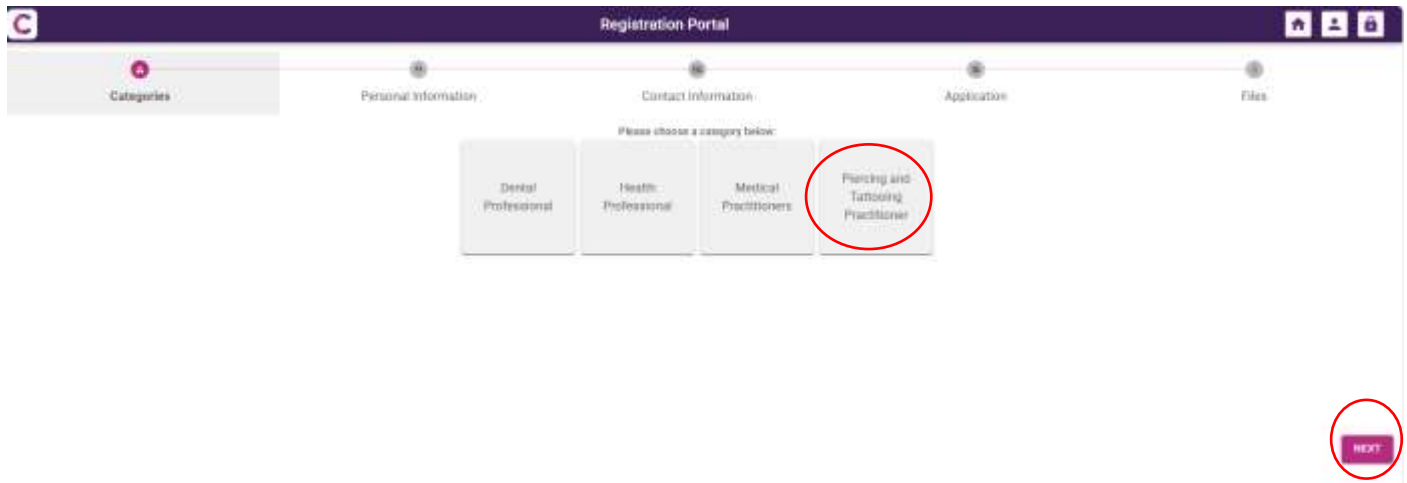
NEW +    

 Draft  Submitted  In Progress  Returned to Applicant  Registration Not Forwarded  Rejected  Suspended  Approved

Search

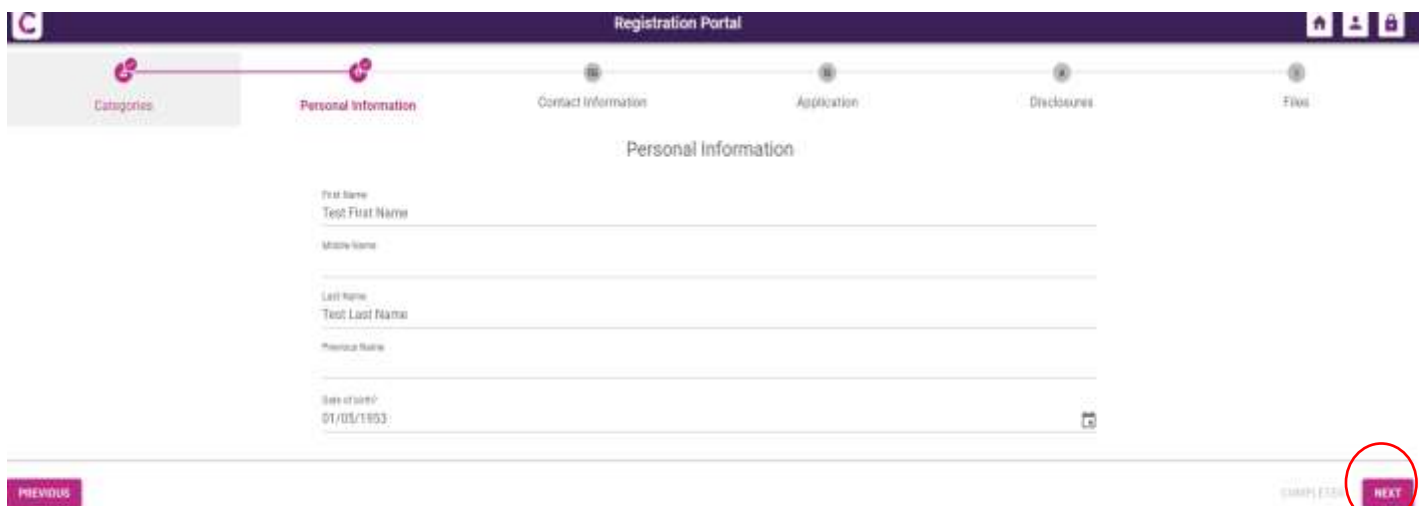
Type	Person	Created by	Created	Submitted	Status	Category	Sub-Category
No matching records found							

Click 'Piercing and Tattooing Practitioner' click 'Next'.



The screenshot shows the 'Registration Portal' header with a progress bar containing five steps: Categories, Personal Information, Contact Information, Application, and Files. The 'Categories' step is active. Below the progress bar, a message says 'Please choose a category below:'. There are four buttons: 'Dental Professional', 'Health Professional', 'Medical Practitioners', and 'Piercing and Tattooing Practitioner'. The 'Piercing and Tattooing Practitioner' button is circled in red. At the bottom right, a 'NEXT' button is also circled in red.

Please add your name and date of birth (Your name should pull through from previous information provided, please ensure this is correct).



The screenshot shows the 'Registration Portal' header with the same progress bar. The 'Personal Information' step is now active. The main content area is titled 'Personal Information' and contains the following fields: 'First Name' (with placeholder 'Test First Name'), 'Middle Name', 'Last Name' (with placeholder 'Test Last Name'), 'Previous Name', and 'Date of Birth' (with placeholder '01/01/1993' and a calendar icon). At the bottom left, there is a 'PREVIOUS' button. At the bottom right, there is a 'NEXT' button circled in red.

Please add your address, contact telephone number and email address and click 'Next'.

Personal Email
lisaaphil@hotmail.com

☐ Use primary email address

Work Email
l.phillips@carecommission.je

☐ Use primary email address

Mobile Phone
01534445801

Work Phone

Home Phone
01534 445859

Line 1
1

Line 2
1

Line 3
1

City/Town
St Clement

Country
Jersey (JEY)

Postal Code
JE2 6NF

COMPLETED

NEXT

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Please select your treatment/s you will be undertaking, your employment start date

Please select + Add Qualification to add your Professional Qualifications that entitle you to practise in the registered profession.

Categories Personal Information Contact Information Application Files

Piercing & Tattooing Practitioner Application

Please select the treatment/s you will be undertaking.

When will your employment start?

Please indicate whether you are an apprentice or not and if so provide your supervisor name

Are you an Apprentice?

☒ Yes ☐ No

Please confirm your supervisor

Please provide your qualification details or please provide details of any other relevant training
Please provide details of qualifications

Qualifications			+ ADD
Name	Year Awarded	Awarding Institution	
Please provide details of any other relevant training			

Please select '+ Add Address' to provide the name, address and email address for each employer in Jersey, then click on 'Next':

Employer

Please provide the name, address and email address for each employer in Jersey

Employer addresses

Name	Email	Address Line 1	Address Line 2	Address Line 3	City/Town	Postcode
+ ADD ADDRESS						

[PREVIOUS](#)

[NEXT](#)

Please click 'Upload Files' to submit a valid form of photographic ID (Passport or Drivers Licence)

Registration Portal

Categories Personal Information Contact Information Application Disclosure Files

File Uploads

Please upload a copy of your photographic ID (passport or driving license) **

[UPLOAD FILES](#)

Accepted file types: pdf, png, jpg, docx

Please click 'Upload Files' to submit Evidence of your qualification/training certificates

If relevant a copy of your qualification/training certificates

[UPLOAD FILES](#)

Accepted file types: pdf, png, jpg, docx

Please click 'Upload Files' to submit any relevant supporting documents

Please upload any relevant supporting documents

[UPLOAD FILES](#)

Accepted file types: pdf, png, jpg, docx

Click Finish

FINISH

Please tick the declaration box to agree the information provided is true and complete:

Payment

Thank you for completing your application.

To submit your application we will require a payment of:

£55.00

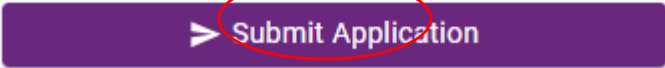
Please use the button below to continue to the City Pay
payment screen.

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.

☐ I agree

Payment

Thank you for completing your application.
No payment is required.
Please use the button below to submit your application.

 Submit Application

Please follow the instructions for payment:

Please use the button below to continue to the City Pay
payment screen.

 Pay Now



Contact Information

1 First Name Last Name Email

Billing Address

Address 1
Address 2
2 Area/City
Postcode Country
Select a value

Card Details

3 Card Number Expiry CSC Name On Card

The card number as it appears on the front of your card The expiry date is invalid This is the name embossed on the back of your card



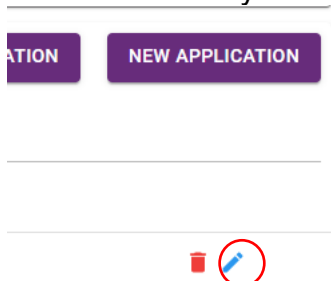
Once the application has been submitted, the application will be processed by the team. If there is any more information required, the team will contact you. If you have any questions, please contact us. Our contact details are below.

Where can I get further information?

Please contact:

Jersey Care Commission
1st Floor, Capital House
8, Church Street, St Helier
Jersey JE2 3NN
Tel: 01534 445801
e-mail: notifications@carecommission.je

You can amend your details before submitting your application by clicking the blue pen.



To switch from Individual to Premise Registration please select the profile icon and then 'Click here to switch to Premise Registration'.

