

VARIATION APPLICATION TO ADD A PRACTITIONER

PART II OF THE LONDON LOCAL AUTHORITIES ACT 1991

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

- i) Before completing this form please read the guidance notes at the end of the form; and
- ii) If you are completing this form by hand please write **CLEARLY**, in block capitals and using **BLACK** ink.
- iii) The application and all documents must be sent to: Licensing Partnership, P.O Box 182, Sevenoaks, Kent, TN13 1GP. Telephone: 01732 227004 or Email: licensing@sevenoaks.gov.uk

1. Full Name of Licence Holder	
2. Name & Address of Licensed Premises	
Trading Name:	
Address:	
Post Code:	
Licence Number:	
3. Detail of the new 'Practitioner(s)'	
<p>Note: It is a condition of the Licence that any person providing 'Special Treatments' at the premises, or allowing them to be provided, is:</p> <ul style="list-style-type: none"> ○ suitably qualified, trained and/or experienced to do so; and ○ legally entitled to work in the UK <p>Given the above, and prior to completing this section, it is suggested that the Licence Holder reads both the:</p> <ul style="list-style-type: none"> ○ Council's Acceptable Qualifications document and ensure that practitioners are suitably qualified before applying; and ○ The Government's Guidance on 'how to carry out right to work checks' and 'what documents you can accept', both of which are on the website GOV.UK. https://www.gov.uk/legal-right-work-uk 	
PRACTITIONER A	
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):
Surname:	
Forenames:	
Home Address:	
Post Code:	
Telephone Number:	
Mobile Number:	
Email:	
National Insurance Number:	
Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):
Special Treatments to be provided:	

One identical passport size and quality photographs, taken within the last month, of 'Practitioner A' must be provided with this application -see Note 1. Also, colour copies of all qualifications for the licensable special treatments to be provided – see Note 2.

PRACTITIONER B

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Telephone Number:

Mobile Number:

Email:

National Insurance Number:

Date of Birth:

Place of Birth (Town & Country e.g. Bexley, UK):

Special Treatments to be provided:

One identical passport size and quality photographs, taken within the last month, of 'Practitioner B' must be provided with this application -see Note 1. Also, colour copies of all qualifications for the licensable special treatments to be provided – see Note 2.

PRACTITIONER C

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Telephone Number:

Mobile Number:

Email:

National Insurance Number:

Date of Birth:

Place of Birth (Town & Country e.g. Bexley, UK):

Special Treatments to be provided:

One identical passport size and quality photographs, taken within the last month, of 'Practitioner C' must be provided with this application - see Note 1. Also, colour copies of all qualifications for the licensable special treatments to be provided – see Note 2.

PRACTITIONER D

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Telephone Number:

Mobile Number:

Email:

National Insurance Number:

Date of Birth:

Place of Birth (Town & Country e.g. Bexley, UK):

Special Treatments to be provided:

One identical passport size and quality photographs, taken within the last month, of 'Practitioner D' must be provided with this application - see Note 1. Also, colour copies of all qualifications for the licensable special treatments to be provided – see Note 2.

PRACTITIONER E

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Telephone Number:

Mobile Number:

Email:

National Insurance Number:

Date of Birth:

Place of Birth (Town & Country e.g. Bexley, UK):

Special Treatments to be Provided:

One passport size and quality photograph, taken within the last month, of 'Practitioner E' must be provided with this application - see Note 1. Also, colour copies of all qualifications for the licensable special treatments to be provided – see Note 2. Please continue on a separate sheet if adding more than 5 Practitioner's

3. Entitled to work in the UK (see Note 3)

Please tick to confirm that you are satisfied that the individual(s) named in section 2 of this application is/are legally entitled to work in the UK.

4. Premises Manager (see Note 4)

Will any individual(s) named in section 2 of this application be named on the Licence as the 'Premises Manager'? Tick as appropriate Yes No

If yes, please name:

5. Remove 'Practitioner(s)'

Do you want to remove any of the 'Practitioner's' named on the current Licence?

Tick as appropriate Yes No

If Yes, please provide their name(s):

6. The Documentation set out below must accompany this Application

Tick to confirm provided

- One identical passport size and quality photographs, taken within the last month, of the individuals named in section 3 as new 'Practitioners' to be added to the Licence and their name printed on the back of it (see Note 1)
- Colour copies of **all** qualifications for all licensable activities for **all** practitioners listed in this application.(see Note 2)
- The correct fee

Cheques should be payable to the Sevenoaks District Council. Alternatively you can call the Licensing Partnership on 01732 227004 and pay by either credit or debit card over the telephone.

- The Licence document (including Annex A) issued by the Council in respect of the premises detailed in section 2 of this application

If you are not returning the Licence document with this application, please give the reason why below:

7. Bodies that you must send a copy of this application to.

You are **required**, on the day you submit this application to the Council, to send a copy of it, to The Commissioner of Police and The London Fire Brigade. **In addition, you are required to send a copy of this application and all colour copies of qualifications to the Council's Trading Standards Service. Failure to comply with this requirement will prevent consideration of your application and it will be returned as invalid.**

You should send a copy of this application to:

Tick to confirm copy sent

- Metropolitan Police (Licensing), Civic Offices, 2 Watling Street, Bexleyheath, Kent DA6 7AT
- Bexley Borough Commander, Fire Safety Regulation, South East Area 3, 169 Union Street, London SE1 0LL

You should send a copy of this application **and** qualifications to:

- Trading Standards Service (special treatment licensing), Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT

8. Contact in respect of the application

Please tell us who you want us to communicate with about this application. This is also the person and address to which the amended Licence document will be sent.

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Address:

Postcode:

Contact Telephone Number:

Email:

If not the applicant, the relationship to the applicant (e.g. Solicitor, Agent Friend):

9. This declaration must be signed by the Licence holder (See note 3)

I declare that the information contained in this application is true and accurate to the best of my knowledge and belief.

I understand that the Licensing Partnership may consult other agencies about my suitability to hold a licence to hold a Special Treatment Premises Licence; which will include other Local Authorities, the Metropolitan Police and the London Fire Brigade.

I understand that the information I have provided may be shared and that such information may extend to personal data. I also understand that my details may be included on the Council's register of 'licensed special treatment premises'. I hereby consent to this processing of my data and display of relevant information on the public register.

Local Authorities must protect funds it handles and so the information you have provided on this form may be used to detect and prevent fraud. The information may also be shared for the same purposes, with other organisations which handle public funds including data to be used as part of the National Fraud Initiative. Your personal data will also be shared with the local authorities, which make up the Licensing Partnership, for the purpose of processing your licensing application. Your personal data will not be used for any other purpose without your prior consent, except as permitted under the Data Protection Act 2018. For further information, please see <https://www.gov.uk/government/collections/national-fraud-initiative>

Signature:

Date:

Print Name:

Notes

1. One passport size and quality photograph, taken within the last month, of all persons named in question 10 as providing 'special treatments' at the premises **must** accompany the application. The Practitioners name must be printed on the reverse side of each photograph. Failure to provide satisfactory photographs will result in the application being rejected. The photograph can be provided in digital format or any other means provided it meets the acceptable standards detailed below.

To be accepted the photographs must be:

- the standard size used in photo booths in the UK (which is 45 mm high x 35mm wide); and not be a cut down version of a larger picture;
- printed to a professional standard;
- taken within the last month;
- in colour on plain white photographic paper with no border;
- taken against a plain cream or light grey background;
- clear and in focus;
- without any creases or tears
- marked on reverse with the individuals full name;
- unaltered by computer software;
- a close-up of the individuals full head and upper shoulders; and
- in clear contrast to the background.

Photographs **must not** contain other objects or people and the individual in the photograph **must be** facing forward and looking straight at the camera

2. Question 2 asks about the individuals who will be providing the 'special treatments' at the premises. For each individual (practitioner) it asks for their personal details and for the specific 'special treatment' they are intending to provide. It is important that **all the individuals who will provide 'special treatments' at the premises are listed**, as only those named in the application will be considered.
3. It is for the applicant to satisfy themselves that all individuals named in question 10 have the appropriate qualifications and/or training and/or experience to provide the specific 'special treatments' they will be providing. It will be a condition on any licence granted that 'training records' are kept in respect of all persons providing 'special treatment'. The Council has issued guidance, 'Special Treatments – Qualifications & Training' to assist applicants in this respect. All practitioners named in question 10 must be qualified to carry out those treatments and copies of all their qualifications for licensable treatments to be provided must be submitted with the application. Applicants also need to be satisfied that any person working at the premises is legally entitled to do so. The Home Office has issued guidance to assist employers in this respect.
4. If any individual named in section 2 of the application as new 'Practitioner' is also going to be the 'Premises Manager' then the Licence Holder **must** make a separate application so as to vary their Licence to include this individual as the 'Premises Manager'.
5. The application **must** be signed by the Licence holder, this is the individual named on the Licence; or in respect of a Licence held by a Partnership, any one of the Partners as named on the Licence; or in respect of a Licence held by a Company, the Company Secretary or any Director of the Company named on the Licence.