



City of

**Stoke-on-Trent**

For Office Use: Flare Number

# Application for Registration to carry on the practice of Acupuncture

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

I/WE HEREBY MAKE APPLICATION under the provisions of the above Act for registration to carry on the practice of acupuncture at the premises detailed below:-

**SECTION A – THE APPLICANT(S)**

Full Name													
Home Address													
							Postcode						
Tel					Mobile								

**SECTION B – PREMISES REQUIRED TO BE REGISTERED**

Trading Name												
Address												
							Postcode					
Tel					Email							

**SECTION C – DESCRIPTION OF TRAINING & DESCRIPTION OF PREMISES ( INC. NUMBER OF ROOMS, PARTICULARS OF ARRANGEMENTS FOR CLEANING PREMISES, FITTINGS AND EQUIPMENT AND STERILISATION OF INSTRUMENTS) - use extra sheet if required**


**SECTION D – PREVIOUS REGISTRATION**

Have you previously been registered in this respect in any other district? If so, which?

- Yes (Give details below)
- No

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**SECTION E – PREVIOUS CONVICTION(S)**

Have you ever been convicted of any offence under the Act? If so, give details - on extra sheet if required

- Yes (Give details below)
- No

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**SECTION F – SIGNATURE**

A fee of £                      accompanies this application to : Stoke-on-Trent City Council, Public Health & Adult Social Care, Public Protection Division, Hanley Town Hall, Stoke-on-Trent, ST1 1QL.

Signature [on behalf of]					Date	d	d	m	m	y	y
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***SECTION G – FOR OFFICE USE ONLY***

Date Submitted	
Receipt Number	
Fee Paid	£
Cheque Number	