

LONDON LOCAL AUTHORITIES ACT 1991

SPECIAL TREATMENT LICENCE THERAPIST REGISTRATION FORM ST02

Please type your answers into the boxes where required

Business name and address	
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SECTION 1 – THERAPIST DETAILS

	Therapist 1	Therapist 2	Therapist 3	Therapist 4
Therapist’s full name				
Their address				
Their date of birth				
Treatments to be provided				

SECTION 2 – THERAPIST QUALIFICATIONS

Please answer all questions

	Therapist 1	Therapist 2	Therapist 3	Therapist 4
What special treatment therapy qualifications do they have?				
Certificate dates				
Dates of tuition				
Copy of certificate supplied	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Did tuition include lessons in anatomy?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Did tuition include lessons in elementary physiology?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Did tuition include lessons in theory and practise of the treatments?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

	Therapist 1	Therapist 2	Therapist 3	Therapist 4
What practical training have they had?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What photographic evidence of their identity are you including?	<input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other:	<input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other:	<input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other:	<input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other:

SECTION 3 – ADDITIONAL QUALIFICATIONS

Please complete these questions where relevant

	Therapist 1	Therapist 2	Therapist 3	Therapist 4
Please list any qualifications for Ultraviolet Ray treatment(sun-tanning)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please list any qualifications for laser treatments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please list any qualifications for any other treatments not already mentioned	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do the therapists have any professional memberships?	Organisation name: <input type="text"/> Membership No: <input type="text"/>	Organisation name: <input type="text"/> Membership No: <input type="text"/>	Organisation name: <input type="text"/> Membership No: <input type="text"/>	Organisation name: <input type="text"/> Membership No: <input type="text"/>
Provide details of any nursing qualifications held	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provide details of work experience with any medical practitioner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 4 – DECLARATION

I declare the above particulars are true in every respect.

Signed by or on behalf of applicant/licensee:	<input style="width: 60%;" type="text"/>
Position in business/company:	<input style="width: 60%;" type="text"/>
Date:	<input style="width: 60%;" type="text"/>