

Application for Registration to carry on the practice of Acupuncture

To Welwyn Hatfield Borough Council
Council Offices, Campus East
Welwyn Garden City, Hertfordshire
AL8 6AE

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:

PARTICULARS

1 Name(s) of Applicant(s) (in full)	
2 Address(es) of Applicant(s) (i.e. usual place(s) of residence or, in the case of a company or firm, the registered or principal office)	
3 Address of premises required to be registered	
4 Description of premises, including number of rooms, and particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments <i>(attach separate schedule if necessary)</i>	
5 Have you previously been registered in this respect in any other district? If so, which?	
6 Have you ever been convicted of any offence under the Act? If so, give details?	

A fee of £ _____ accompanies this application.

Date _____

Signed _____

[on behalf of] _____

Delete any words in square brackets which do not apply