

Variation to current Licence

(Adding a new Therapist, changes to Treatments and changes to Manager)

| Name and Address of the Business Premises: | | | | | |
|--|------------|--|--|--|--|
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| | Post Code: | | | | |
| Please provide details of who will be managing the premises | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Date of Birth: | | | | | |
| Telephone Number: | | | | | |
| Email Address | | | | | |
| Signature: | | | | | |
| Date | | | | | |
| a) Has the owner of the premises or the applicant ever been refused the grant, renewal or transfer of a Special Treatment licence. If so by which council and what date? | | | | | |
| | | | | | |
| Date: | | | | | |
| b) Has the applicant(s) and/or the manager/owner ever been issued with a Special Treatment Licence before and by which local authority? | | | | | |
| | | | | | |
| Date: | | | | | |



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| Criminal Convictions | <u> </u> | | | | |
|---|-------------------|-----|-------------------------------------|---------------|--|
| Has any of the applicant(s), manager(s) or therapist(s) been convicted of a criminal offence? YES NO If "Yes" please give details: | | | | | |
| Please list any changes to be made to your existing licence: 1. Change of Manager: | | | | | |
| 2. Adding new Treatments: | | | | | |
| 3. Removing a Treatment: | | | | | |
| 4. Adding New Therapists: | | | | | |
| Name of person carrying out the treatment | Address of person | DOB | Special Treatment to be carried out | Qualification | |
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Please enclose the following documentation for all new therapists to be added with your application. Applications WILL NOT BE PROCESSED and returned to you if not complete:

- One passport-sized photo or digital photo of each therapist.
- · Colour photocopies of all qualifications
- Proof of address (utility bill, council tax etc.)
- Colour copy of passport or driving licence
- Completed Consent form for each new therapist
- Public Liability Insurance (if applicable)

There is a 28-day consultation process for the processing of this application. Please complete and return the application form with all supporting documents by post or by email – details below:

Licensing Team
London Borough of Newham
East Ham Town Hall
Barking Road
East Ham, E6 2RP

Email: Licensing@newham.gov.uk

Tel: 020 3373 1925 for enquires

Once your application is approved, we will contact you for payment.