

SPECIAL TREATMENTS FOR WHICH LICENCE IS SOUGHT (tick appropriate categories)

CATEGORY 1 TREATMENTS	
	LASER TREATMENTS
	LASERS/INTENSE PULSE LIGHT
	MICRO-DERMABRASION (If using laser)
	LIPO LASER
	TATTOO REMOVAL (LASER)
	CATEGORY 2 TREATMENTS
	ACUPUNCTURE
	ACUPUNCTURE
	DRY NEEDLING
	KOREAN HAND THERAPY
	MOXIBUSTION
	BODY PIERCING & BEADING
	NAVEL/NIPPLE/LIP/FACIAL/TONGUE/EAR/NOSE (Please circle)
	BODY & SURFACE PIERCING
	MICRODERMAL IMPLANTS AND DERMAL
	TATTOOING
	MICRO PIGMENTATION (Semi-Permanent Make-up)
	TATTOO REMOVAL (NON-LASER)
	TATTOOING
	MICROBLADING
	ELECTROLYSIS
	ELECTROLYSIS
	ADVANCED ELECTROLYSIS (Milia, Warts, Skin Tags, Red Vein removal)
	LIGHT TREATMENTS
	COLOUR THERAPY
	INFRA RED
	LED
	ULTRAVIOLET TANNING
	LUMI LIFT/LUMI FACIALS
	CATEGORY 3 TREATMENTS
	BATHS/VAPOUR
	FLOTATION TANK
	HYDROTHERAPY
	SAUNA
	INFRA RED HEAT
	SPA
	STEAM ROOM/BATH/FACIAL
	THALASSATHERAPY
	HALOTHERAPY/SPELIOTHERAPY
	OXYGEN BAR
	JACUZZI
	ELECTRIC TREATMENTS
	HYDRAFACIAL
	FARADISM (i.e. Arasys, Slendertone, Transion)
	GALVANISM (i.e. Endermologie)
	HIGH FREQUENCY
	MICRO CURRENT THERAPY

CATEGORY 3 TREATMENTS continued	
	MICRO-DERMABRASION (NOT LASER)
	RADIO FREQUENCY (and as part of a machine)
	ULTRASONIC
	NON-SURGICAL FACELIFTS
	THERMA VEIN
	SCENAR THERAPY
	MANICURE
	MANICURES
	NAIL EXTENSIONS
	PEDICURE
	MASSAGE & FACIALS
	AROMATHERAPY
	AYURVEDIC MEDICINE
	BODY MASSAGE
	CHAMPISSAGE (Indian Head Massage)
	FACIALS WITH MASSAGE
	FOOT MASSAGE
	GYRATORY MASSAGE – G5
	MANUAL LYMPHATIC DRAINAGE
	RELEXOLOGY
	ACUPRESSURE (NOT SEATED)
	REIKI (If with hot massage)
	SHIATSU
	STONE THERAPY
	SWEDISH MASSAGE
	THERMO AURICULAR THERAPY (HOPI EAR CANDLES) ***(i.e. with a facial)
	TRICHOLOGY (If with head massage)
	TUI-NA
	HOLISTIC MASSAGE
	SPORTS MASSAGE
	THAI MASSAGE
	WOOD THERAPY
	OTHER MASSAGE
	ONLY REQUIRED IF NOT STATE REGISTERED
	CHIROPODY
	CHIROPRACTIC
	OSTEOPATHY
	PHYSIOTHERAPY
	CATEGORY 4
	COSMETIC PIERCING WITH A PIERCING GUN (LOBE & NOSTRIL ONLY NO SEPTUM)
	EAR PIERCING
	NOSE PIERCING
	OTHER TREATMENTS (GIVE DETAILS) OR ADDITIONAL INFORMATION

Name & address of premises:

Name :

Signed:

Date: