

## Skin piercing application - PRACTITIONER

Please read before submitting your application:

1. **Registration only applies to the following practices:** acupuncture; electrolysis; ear and nose piercing; cosmetic body piercing; tattooing; semi-permanent make up and temporary tattooing; microblading. Any other skin piercing practices do not currently require registration.
2. Registration is not necessary where the person practicing is a registered medical practitioner or where there is a medical doctor operating in the same premises, **and** the practitioner is under the **direct supervision of that doctor**.
3. **Before any skin piercing takes place, both the premises and the practitioner require registration.**
4. Applicants should familiarise themselves with the local byelaws and [Kent Code of Practice for Hygienic Skin Piercing](#).
5. Please note that **fees are not refundable**.
6. Registration is a one off process. You will be registered to carry out a specified procedure at a named registered premises. An initial registration fee is charged for each procedure undertaken.
7. If you wish to add an additional procedure after the initial registration, a new application must be completed.
8. If you wish to operate at another registered premises, request an additional registration certificate.
9. You must be registered even if you plan to occasionally undertake **home visits**. You must still be able to meet the requirements of the byelaws and associated codes of practice as far as reasonably practicable without compromising hygienic piercing guidelines. For some types of skin piercing, you may not be able to comply with the expected standards for hygienic skin piercing as a mobile practitioner.

## When your application has been received

- A member of the Environmental Health team will contact you and make an appointment to carry out a registration visit.
- The inspector will check compliance with the Byelaws and Kent Code of Practice for Hygienic Skin Piercing as well as ensuring that general health and safety requirements are being met.
- During the visit you will be expected to answer questions about your procedures relating to hygiene, waste, customer care, record keeping etc.
- You may be asked to make some changes to the premises or operating procedures. This information will be provided to you during the inspection and later in writing.
- Once registered a certificate will be sent to you. Your premises may be revisited to ensure compliance with legislation and associated guidance. Visits may also be carried out if a complaint is received, or if you have asked for advice or wish to make an amendment to your registered details.

## Other things to consider

- Employee and public liability insurance
- Hepatitis B vaccination (if applicable)
- First aid training
- Comprehensive client records and consultation
- Written aftercare advice to be provided to the client
- Your duties under the Health and Safety at Work etc. Act 1974.

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**DATA PROTECTION** - We will collect the information you have provided to administer your skin piercing registration. Our **lawful bases** for processing your personal information are:

- our legal obligation(s) under the Local Government (Miscellaneous Provisions) Act 1982 (as amended)
- necessary for the performance of a task in the public interest or in the exercise of official authority vested in us under the above legislation

**Reasons for processing** - some of the information that is collected and shared is classified as:

- special category personal data
- criminal convictions and offences (including alleged offences).

This is processed for reasons of substantial public interest under the laws that apply to us (see above) where this helps to meet our broader social obligations such as where it is necessary for us to fulfil our legal obligations and regulatory requirements. Please view our Privacy Notice [www.sevenoaks.gov.uk/privacy](http://www.sevenoaks.gov.uk/privacy) for further details of how we process your personal information.

## Application for Skin piercing Registration - PRACTITIONER

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982 (as amended)

**PLEASE ENSURE ALL SECTIONS ARE COMPLETED**

**SECTION A** - At the address listed in Section B, I wish to apply for the following registration(s):  
(Tick all that apply)

Category A

- Ear piercing with hygienic piercing instrument
- Nose piercing with hygienic piercing instrument

Category B

- Acupuncture
- Electrolysis

Category C

- Cosmetic body piercing
- Tattooing
- Semi-permanent make up / micropigmentation / temporary tattooing
- Semi-permanent make up - microblading

Are you adding an additional practice to an existing registration?      YES / NO

**SECTION B – Practitioner details** *(each practitioner must complete application for registration)*

Full name of applicant.....

Home address of applicant .....

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Telephone number .....

Email.....

Have you previously been registered/licensed with another local authority?      YES / NO

If YES please provide details: .....

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Have you had any convictions under the above Acts in last five years?      YES / NO

If YES please provide details: .....

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**SECTION C - Training and Experience**

How long have you been undertaking this procedure?.....

Provide details of your training, qualifications and experience

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Do you have any Control of Infection training? YES/NO

Do you have any First Aid training YES/NO

Are you a member of any professional bodies/associations? YES/NO

If YES please give details .....

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***Please enclose a copy of training certification or reference(s) from trainer/ employer to demonstrate competency***

**SECTION D - Premises details**

Name and address of premises you will be operating at .....

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You are EMPLOYED/SELF-EMPLOYED?

If you are SELF EMPLOYED please specify your trading name if you have one

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<b>SECTION E - Procedure</b>		
1.	Is the procedure discussed with the client before the treatment	YES/NO
2.	Is the client advised what could go wrong or of there are any adverse effects?	YES/NO/n/a
3.	Are there any circumstances when you would not carry out the treatment?	YES/NO If YES please specify
4.	Is a medical questionnaire and formal written consent completed?	YES/NO
5.	How is after care advise provided?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Verbally <input type="checkbox"/> Written information provided <input type="checkbox"/> Referred to website/social media page <input type="checkbox"/> Other - please specify
6.	Would the procedure be carried out on someone under the age of 18?	YES/NO If YES please give details of your age policy
7.	Are ID checks carried out?	YES/NO If YES, please give details of the checks carried out and any records kept
8.	What personal protective equipment is used?	<input type="checkbox"/> None <input type="checkbox"/> Vinyl gloves <input type="checkbox"/> Nitryl gloves <input type="checkbox"/> Latex gloves <input type="checkbox"/> Mask <input type="checkbox"/> Disposable apron <input type="checkbox"/> Head covering <input type="checkbox"/> Other - please specify
9.	Are pre-sterilized needles/piercing equipment used?	YES/NO
10.	Make and model of equipment used (if applicable)	

11.	Do you have a sharps box?	YES/NO
12.	Do you have a clinical waste contract in place?  If YES, please specify name of clinical waste contractor	YES/NO
13.	What cleaning products are used?	Surfaces:  Equipment:
14.	Do you use an ultrasonic cleaner?	YES/NO If YES, please specify make and model
15.	Do you use an autoclave/sterilizer?	YES/NO If YES, please specify make and model

**SECTION F Declaration**

**I declare that the information given is true to the best of my knowledge and belief  
AND**

**I have read and understood the Kent Code of Practice for Hygienic Skin Piercing**

The following documents are enclosed/mailed to [environmental.health@sevenoaks.gov.uk](mailto:environmental.health@sevenoaks.gov.uk)

- Training certificates
- Clinical waste contract
- Consultation/consent form, medical questionnaire
- After care advice

Payment method

**Credit/debit card**

call 01732 227000, Monday to Thursday 8.45am to 5pm, Fridays 8.45am to 4.45pm

Name ..... Date .....

**All applications should be sent to:**

Environmental Health Team  
Sevenoaks District Council  
Argyle Road  
Sevenoaks  
Kent TN13 1HG

Or emailed to [environmental.health@sevenoaks.gov.uk](mailto:environmental.health@sevenoaks.gov.uk)