HE123

# Greater Manchester Act 1981 – Section 32

# Application for Registration of Persons Carrying On the Practice or Business of Acupuncture, Tattooing, Semi-Permanent Skin Colouring, Cosmetic Piercing and Electrolysis on their Premises

# Prior to completing this form, please download and read the CIEH Tattooing and Body Piercing Guidance Toolkit at <https://www.cieh.org/media/2004/tattooing-and-body-piercing-guidance-toolkit-july-2013.pdf>

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| 1. Type of work to be undertaken by applicant *(please tick relevant box)*:   *\*Please specify type of piercing to be undertaken:* |  Acupuncture   Tattooing   Semi-permanent skin colouring   Cosmetic Piercing / Ear Piercing   Electrolysis   \*Cosmetic Piercing |
| 2. Full Name of Applicant |  |
| 1. Home Address of Applicant | Address:  Email:  Tel: |
| 1. Date of Birth |  |
| 1. Business Trading Name: |  |

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| --- | --- |
| 1. Full name of Company and Registered Office (if applicable) applying to be registered: |  |
| 1. Address of Premises at which business is to be carried on | Address:  Email:  Tel: |
| 1. Have you previously been registered with this or any other authority? |  Yes (provided full details)  No |
| 1. Have you ever been convicted of any offence under section 16 of the act relating to skin piercing activities (this information subject to the *Rehabilitation of Offenders Act 1974*)? |  Yes  No |
| 1. Please Confirm the following | * Are all Walls, doors, surfaces capable of being cleaned and disinfected – No bare wood or brick /wallpaper within the treatment room  Yes * All tables, couches, seats, arm rests etc have a smooth impervious surface that can be adequately cleaned with no rips or tears and is covered by disposable paper sheet or plastic film wrap or similar which is changed for every client Yes * There is an agreed cleaning schedule in place Yes * All sterile products are stored above floor level  Yes * First aid kit/ provision is available Yes * Blood / body fluid spill kit available  Yes |
| 1. Describe how Personal Hygiene / infection control will be maintained i.e., practitioners should be clean at all times, work clothing changed daily, and PPE worn during treatment |  |
| 1. How will cleaning and disinfection be carried out.   *Note: Medical grade disinfectant that is a bactericidal, fungicidal, virucidal and mycobactericidal that is effective against blood borne disease such as Hepatitis B and HIV needs to be used* |  |
| 1. Are appropriate hand washing facilities available **within** the treatment room?   *Note: hand washing facilitates are to be available within the treatment room used solely for the purpose of hand washing. These facilities need to have a* ***supply of hot and cold / appropriately mixed warm/hot running water,*** *antibacterial soap with hygienic means for hand drying e.g. paper towels – Hand wash basins in other rooms will not be accepted i.e within the WC* |  Yes  No ( if no- appropriate facilities must be provided prior to operating ) |
| 1. Are Facilities for general cleaning available i.e., means of obtaining hot water for cleaning, disposing of wastewater from mop buckets etc   *Note: A general-purpose sink which is separate to the hand wash basin should be available. Available for general purpose use and must contain hot and cold water (does not need to be located within the treatment room however it cannot be the hand wash basin used within the WC)* |  Yes (name location)  No ( what measures are in place instead to achieve the same standards ) |
| 1. What equipment will be used?   *Note:- Manufacturer’s instructions need to be always available and will be reviewed on inspection* | Name brand of machine used and inks etc  Disposable vs non-disposable. |
| 1. What means of sterilisation will be used?   (If applicable)  Note:- Please provide   * name/make of autoclave. * Provide up to date pressure test certificate and any servicing/maintenance records   Note: Vacuum autoclaves must be used for hollow grips to allow for effective sterilization. |  |
| 1. Where will the storage of used needles/ sharps container be stored? |  |
| 1. What company will hold your account for the removal of contaminated waste? |  |
| 1. When will contaminated waste be removed? |  Daily  Weekly   You must provide a copy of the contract schedule with that company including contact details with this registration form). |
| 1. Records kept on-site   *Note: Consent form - Every client is required to sign a consent form which is retained -Fully ‘informed consent’ procedure is adopted. This means gathering information from the client about their health, and suitability for the treatment and giving the client enough information about the possible complications that could arise from the treatment for them to make their own decision.*  *Also for the purpose of controlling infection, the operator should record details of all clients treated (name, address, DOB, nature of treatment, medical history, consent form, health assessment)*  *Aftercare advice*  *Client aftercare advice must be provided following every treatment, verbally and in writing* |  Consent form ( Please provide a copy with this registration form)   Aftercare advice (Please provide a copy with this registration form)   A record of the brand and batch number of inks are recorded and where possible are recorded against the client record – (need to be available at time of visit and on request)  CIEH Tattooing and Body Piercing Guidance Toolkit at <https://www.cieh.org/media/2004/tattooing-and-body-piercing-guidance-toolkit-july-2013.pdf> |
| 1. Qualifications / Training   If applicable, please provide certificates  *Note:-It is strongly recommended that Infection control training is completed by all operators* |  Yes - Copies of certificates included with this registration form  No - will be made available on inspection |
| 1. Hepatitis B vaccines   *Tattooist and Body Piercers are at an increased risk of blood/body fluid exposure. It is therefore recommended that practitioners should have a full course of hepatitis B vaccine.* |  |

I DO HEREBY CERTIFY that to the best of my/our knowledge and belief, the above particulars are true.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm, I am aware of the CIEH Tattooing and Body Piercing Guidance Toolkit, I have read it in its entirety, and I understand the need to follow safe working practices for the protection of both clients and practitioners and that by following the requirements of the Toolkit I will be operating in compliance with legal requirements.

I understand that my activities are covered by a number of different pieces of legislation as mentioned in the tattooing tool kit i.e. The Health and Safety at Work etc. Act 1974, The Control of Substances Hazardous to Health Regulations 2002 and The Tattooing of Minors Act 1969 etc and it is my responsibility to ensure that I am fully complainant with legislation

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How to make Payment**

**Fees**

* Registration of a premises **£**129.80
* Registration per individual practitioner / per premises **£77** (Please note should you practice from more than one premises or move premises you will need to register and pay the appropriate **£77 fee** for each individual registration)

**Payment can be made online** The preferred method of payment is via the Oldham Councils website at [www.oldham.gov.uk](http://www.oldham.gov.uk) make a payment page or via the link below

<https://www.oldham.gov.uk/info/100004/about_the_council/850/make_a_payment>

In the drop-down box select - Miscellaneous payments (FPNs, Licensing, Planning) > Environmental Health > Tattooing/Skin piercing

Account Name is your name and, in the message box please put your business name and address and what you are paying for i.e. premises and person , person only and what you will be carrying our i.e. Tattooing , Body piercing , acupuncture or Electrolysis.

**Via the post**

Payment can be made via a cheque/postal order (Cheque payable to: Oldham Council) and sent to:-

Place & Economic Growth

Environmental Health

Chadderton Town Hall  
Middleton Road  
Chadderton   
Oldham OL9 6PP

**What Happens Next**

All applications will be considered within **28 days** of receipt by the local authority of the completed application form and payment of the appropriate fee.

All applicants will be contacted within that time in order to discuss the application and to arrange for an inspection to be made by an Officer from Environmental Health.

If you have any questions, please email [ENVhealth@oldham.gov.uk](mailto:ENVhealth@oldham.gov.uk)