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|  | **Local Government (Miscellaneous Provisions) Act, 1982** PERSONAL APPLICATION **FOR REGISTRATION TO PRACTICE ACUPUNCTURE**  I hereby apply under the provisions of the Local Government (Miscellaneous Provisions) Act, 1982 for Registration in order to carry on the practice of Acupuncture. |

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| --- | --- | --- | --- |
| Full Name of Applicant: |  | | |
| Telephone number of Applicant: |  | | |
| Address of Applicant: |  | Post Code: |  |
| Business Name and Address of premises where I will practice: |  | Post Code: |  |
| Telephone No. of above premises: |  | | |

|  |  |
| --- | --- |
| Have you previously been registered under the above Act in any other district? | Yes / No \*\* |
| If Yes, please state district |  |
| Have you been convicted of any offence under the above Act? | Yes / No \*\* |
| If Yes, please give details |  |

* **I enclose the Registration fee**

Cheques should be made payable to either:

* ‘Adur District Council’ (if the business is based in Adur)
* ‘Worthing Borough Council’ (if the business is based in Worthing)

I declare that to the best of my knowledge and belief the statements made on this form are true and correct and that no material particular has been omitted.

Signed ………………………………………………………….. Dated …………..…………

Please return the completed form to:

Public Health & Regulation  
Adur & Worthing Councils  
Portland House  
44 Richmond Road  
WORTHING  
BN11 1HS \*\*Delete as appropriate