



ADUR & WORTHING
COUNCILS

**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.

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