FOR OFFICE USE ONLY

Fee Received £
Receipt No.
Date Acknowledged
Officer



VARIATION APPLICATION FOR SPECIAL TREATMENT LICENCE

When completing this form, please make sure your answers are:

- inside the boxes
- written or typed in black ink
- if completing by hand, written legibly in BLOCK CAPITALS

Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

Important note: the public will be able to see this application and a copy will be sent to any objectors and interested parties.

1	Licensee details	
	Full name	
	Private address	
	Date of birth	
	Telephone	
2	The premises	
	Name	
	Address	
	Telephone	

3	Increase number of therapists					
	Do you want to increase the number of therapists who work in your premises?					
	If yes, by how many?					
Please give details of new therapist(s) in section 5.						
4	Replace therapists					
	Do	Do you want to replace any therapists currently on your licence? Yes No				
	If y	If yes, how many?				
		Please give full names of therapists who have left. Continue on separate sheet if needed.				
	1					
	2					
	3					
	Please give details of new therapist(s) in section 5.					
	l					
5	5 Therapists and qualifications					
	List each new therapist, the treatment they will give and their qualifications to give that treatment. Continue on a separate sheet if needed.					
	1	Name				
	Г	Address				
		Telephone				
		Date of birth				
		Treatments				
		Qualifications				
	2	Name				
		Address				
		Telephone				
		Date of birth				
		Treatments				

		Qualifications		
	3	Name		
		Address		
		Telephone		
		Date of birth		
		Treatments		
		Qualifications		
_		h	mt alaca	
6 Change of treatment class		Yes No		
	\vdash	•	ange the class of treatments offered?	
	Ι"	yes, please give	details.	
7		ther change		
		you answered No request and why	o to questions 3, 4 or 6, please give details of the σ	change you want
		roquoot and will		
18	D	eclaration		
	In	the case of a pa	rtnership each partner should sign.	
	If	If signing on behalf of the applicant, please state in what capacity you are acting.		ou are acting.
	kı	I hereby declare the information contained in this application is true to the best of my knowledge. I understand that it is an offence to knowingly make a false statement in connection with this application.		
	s	ign or type your r	ame.	

Signature	
Signature	
Date	

This fair obtaining statement lets the applicant or person completing this form that we may need to give the information to third parties or other statutory bodies.

Payment

Please note, payment will be taken over the phone once your application has been approved.

Returning your form

This form can be saved and emailed to us as a PDF.

Supporting documents can be scanned or you can take a photo and email the JPG.

Please return your application and supporting documentation to:

licensing@haringey.gov.uk

Please do not post any documents.

Telephone: 020 8489 8232