



**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT, 1982
APPLICATION FOR REGISTRATION TO CARRY ON THE PRACTICE OF
ACUPUNCTURE**

1. Your personal details	
TITLE (delete as appropriate): Mr, Mrs, Miss, Ms, Other (please state)	
Surname	
Forenames	
Telephone Numbers:	
Daytime	
Evening	
Mobile	
Give details of any previous conviction under the Local Government (Miscellaneous Provisions) Act 1982, Section 16.	
If registered under Section 14 with another local authority please give details below	
Give brief details of relevant qualifications and experience (if any)	
2. Premises details (Please note the Act requires separate registration for the premises)	
Address	
Post code	
3. Declaration	
I have enclosed the fee of £	
The information contained in this form is correct to the best of my knowledge and belief.	
Signature:	Date:

This form should be returned to: Head of Public Health and Community Development, Wealden District Council, Vicarage Lane, Hailsham, East Sussex, BN27 2AX