



SERVICE DEDICATION EXCELLENCE

**FORM C**

**THE PUBLIC HEALTH ACT**

Application for Licence to operate as a Beauty Therapist, Cosmetologist,  
Hairdresser, or Trainee, Barber or Trainee

Name of Applicant: .....

Address: .....

Type of Licence applied for: .....

Date of Birth: .....

Gender: .....

Educational qualifications: .....

Number of years experience: .....

Name of Employers (if employed): .....

Business address: .....

Amount of fee paid: .....

Date of Medical examination: .....

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**FOR MEDICAL USE ONLY**

Documents submitted:

1. ....
2. ....
3. ....
4. ....

New Licence Number: .....

Fee Paid: .....

Recommendation: .....

Date: ..... .....

Signature of Authorizing Officer