

FORM G

THE PUBLIC HEALTH ACT

Application for Licence to operate as a Beauty Therapist

Cosmetologist, Hairdresser, Trainee

TRN:

Name of Applicant:

Address:

Email Address:

Date of Birth:

Gender: Male Female Unspecified

Telephone Number(s) (Landline): (Mobile).....

Education Qualification:

Type of Licence for which application for renewal is now made:

Number of year (s) experience:

Name of Employer/ Business Name (if employed):

Business Address:

Date Licence was granted:

Was Licence suspended: YES NO

If yes, state the reason(s) for suspension; date of suspension and date of withdrawal of suspension

Date: Signature:

FOR OFFICIAL USE ONLY

Documents Submitted:

1.

2.

3.

New Renewal Trainee

Licence Number: Fee Paid:

Recommendation(s):

Printed name of Authorized Officer:

Date

Signature of Authorized Officer

Copy of payment receipt

Copy of proof of Business address