

**THE PUBLIC HEALTH (HAIRDRESSERS, BEAUTY THERAPISTS,
COSMETOLOGISTS AND BEAUTY SALONS) REGULATIONS, 2004
THE PUBLIC HEALTH ACT**



FORM C (NEW APPLICANT)

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

Name of Applicant:.....

Address:.....

Contact Number..... DOB..... Gender

Email Address:.....

Next Of Kin:..... Contact number.....

Address of Next of Kin:.....

Educational Qualifications:.....

Name Of Institution:.....Period:.....

Type of licence for which application is made:.....

Number of years experience:.....

Name of employer/ Salon Operator:.....

Business Name:.....

Business Address:.....

Date of medical examination:.....

Signature of Applicant:..... Date:.....

FOR OFFICAL USE ONLY

Documents Submitted:

1..... Doc. No:.....

2.....Doc. No.:.....

3..... Doc. No:.....

Amount Due:..... Fees paid..... Receipt #:..... Date:.....

Licence #:..... Reg.Period:.....

Date of examination of beauty salon:.....

Remarks:.....

Received By:.....Date Issued:..... Issued By:.....

..... Date.....

Signature of Authorised Officer