

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



**FORM G (RENEWAL 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