

**SUPPLEMENTARY EMPLOYEE APPLICATION
SKIN PIERCING AND TATTOOING LICENCE**

NOTES: A separate form should be completed by each proposed employee and must be signed by the applicant.

OFFICIAL USE ONLY	
RECEIVED	
FEE	
GRANTED/REFUSED	

**YOU MUST ALSO PROVIDE 2 PASSPORT
TYPE PHOTOGRAPHS**

Please provide the following details:

1	a Full name and occupation			
	b Home address			
	Email address			
	Home telephone number			
	Daytime telephone number			
	c Age, date & place of birth	Age	Dob	Place
2	Name of employer			
3	a State location of principal licence (as indicated on the employer's licence)			
	b Employers licence number			
	c Expiry date on employer's licence			
4	Subject to the provisions of the Rehabilitation Of Offenders Act 1974, has the party named in 1 above been convicted of any crime or Offence in any court in the United Kingdom? YES/NO If YES please specify any convictions NB All unspent crimes and offences must be declared	Date	Court	Sentence

I hereby make application to carry on Skin Piercing/Tattooing as an employee of the licence holder referred to Above and certify that the information given is true and correct.

Information supplied on this form may be held on computer and I am aware that in the processing of this application, background enquiries will be made which may include reference to personal data held on computer. In submitting this form I consent to the information supplied by me being held and processed by the City of Edinburgh Council as licensing authority. I consent to communication being made by email where possible.

If any material statement is made which I know to be false, an offence is committed and I may be liable a summary conviction to a fine.

I confirm that in the event of my application being approved I intend to carry on my business as an employee of the above named principal.

Signature of Employee.....

Date.....

Signature of Principal Applicant.....

Date.....

CITY OF EDINBURGH COUNCIL

QUESTIONNAIRE TO BE COMPLETED BY APPLICANTS SEEKING AN EMPLOYEE LICENSE UNDER THE LICENSING OF SKIN PIERCING & TATTOO ORDER 2006

Full name:	
Home address:	
Tel No and email address:	
Please list your working arrangement i.e. employed, self employed, renting a chair etc	
Do you have a valid first aid certificate? (Please provide details)	
Do you have Third Party Liability Insurance cover? (Provide details) Note: Cover may be provided via your employer	
Do you have any relevant additional qualifications e.g. anatomy, physiology, infection control etc? (provide details)	
Are you immunised against Hepatitis B? (It is strongly recommended you receive Hepatitis B immunisations)	
Have you previously held (or currently hold) a skin piercing licence with any other Local Authority? (provide details)	
Please provide a full summary of relevant work experience with respect to tattooing and/or body piercing activities i.e. training, apprenticeships, job shadowing, past employment (whether paid or not). Remember to include the studio names and addresses, dates of working, and the name of any person(s) who supervised your training	
Have you received, read and understood the licence conditions that are applied to skin piercing and tattooing licences?	

Signed:

Date: