

SCHEDULE 1 Regulation 5(2)

Form of application for an approval certificate



Application for an approval certificate under section 70 of the Public Health (Wales) Act 2017

PLEASE READ THE FOLLOWING INSTRUCTIONS AND
ACCOMPANYING GUIDANCE NOTES FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the heading “Continuation sheet – application for approval certificate” and include the number of the relevant question and the applicant’s name and address). You may wish to keep a copy of the completed form for your records.

How we use your personal information

The information you provide on this form will only be used for the purposes of a special procedure licence. For further information on how we use your personal information, please visit our

Data protection pages here:

www.rctcbc.gov.uk/dataprotection

The information you provide will be used to contact you, please ensure you inform us of any changes to your information.

Name of relevant issuing local authority (*see Guidance Note 1*):

.....

Part 1 – Type of approval certificate applied for

Please tick as appropriate

1.1 What type of approval certificate does your application relate to?

Premises ☐ Vehicle ☐

1.2 What is the intended duration of your approval certificate?

Temporary (no more than 7 days) ☐ 3 years ☐

If you are applying for a temporary approval certificate, please indicate why a certificate is required (for example give details about an exhibition, entertainment or event):

.....
.....
.....

1.3 When do you want the approval certificate to start?

As soon as possible ☐

Specific dates ☐ [For example, state the days you wish an approval certificate to cover; in the case of a temporary approval certificate, you must specify the dates when the approval will be required.]

..... to

Part 2 - Applicant details (fill in as applicable)

If you are an individual, please fill in Section A. If the application is being made on behalf of a business or organisation (such as a company or partnership), please fill in Section B.

Section A - Individual applicant

2.1 Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐ (please specify)

2.2 Surname:

2.3 First name(s):

2.4 Contact telephone number:

2.5 E-mail address (if applicable):

2.6 Date of Birth:

2.7 Applicant's address (residential or business):

.....

..... Postcode:

2.8 Please state the full name of the person who will be listed as the certificate holder on the approval certificate:

.....

2.9 Please confirm that the proposed certificate holder is 18 years of age or over (tick) ☐

2.10 Is the applicant or any person named in this application, involved in any way with any other premises or vehicle in which special procedures are performed?

Yes ☐ No ☐

If yes, please provide details:

.....
.....
[For example, the nature and extent of any interest, the address of any premises, or the details of any vehicle, the approval certificate number(s) of any premises or vehicle.]

Section B - Application on behalf of a business or organisation

2.11 Name of applicant business or organisation:

.....
[Use the trading name or registered name of the business or organisation.]

2.12 Company registration number:

.....

2.13 Company type:

.....
[For example, Private limited Company, Partnership, Sole Trader.]

2.14 If you are completing this form on behalf of the business or organisation, please state your full name and role in the business (see Guidance Note 2):

Full name:

Role:
[For example, Owner, Manager, Company Director, Operational Director.]

2.15 Registered office address of business or organisation:

.....
.....
..... Postcode:

2.16 Please provide the full name and contact details of an additional individual within the registered office who can be contacted in respect of this application and for the duration of the intended approval certificate (see Guidance Note 3):

Full name:

Role:
[For example, Regional Manager, Area Manager, Site Manager etc.]

Contact details (telephone number and e-mail address):

.....

2.17 Please state the name of the business/organisation which will be listed as the certificate holder on the approval certificate:

.....

.....

2.18 Is the applicant or any person named in this application, involved in any way with any other premises or vehicle in which special procedures are performed?

Yes ☐ No ☐

If yes, please provide details:

.....

.....

[For example, the nature and extent of any interest, the address of any premises, or the details of any vehicle, the approval certificate number(s) of any premises or vehicle.]

Part 3 – Premises or Vehicle Details

Where your application relates to a premises, please fill in Section A. If the application relates to a vehicle, please fill in Section B.

Section A – Premises Details

3.1 Trading name used at premises (if applicable):

.....

3.2 Address of the premises:

.....

.....

..... Postcode:

3.3 Telephone number at premises (if applicable):

.....

3.4 Website address details and/or any public facing social media platforms for business (if applicable):

.....

3.5 List of special procedures to be performed from the premises (see Guidance Note 4):

- Acupuncture ☐
Body Piercing ☐
Electrolysis ☐
Tattooing ☐

3.6 Are there any other activities (for example activities that are not classed as special procedures) undertaken at the premises? (See Guidance Note 5)

Yes ☐ No ☐

If yes, please list those other activities:

.....

3.7 How many licence holders will be working from the premises?

.....

3.8 How many workstations are there in the premises that you are seeking approval for? (See Guidance Note 6)

.....

3.9 What water supply is used for the premises?

☐ Mains water supply ☐ Private water supply ☐ Both mains/private water supply

3.10 Please state the number and location of any wash hand basins within the premises:

.....

3.11 Please state whether all wash hand basins provide:

- | | | |
|--|------------------------------|-----------------------------|
| ○ An adequate supply of hot and cold running water | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ○ Liquid or foam soap | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ○ Disposable paper towels in an enclosed dispenser | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3.12 Are all of the fixtures and fittings within the special procedures work area (see Guidance Note 7) in good repair and made of nonporous materials that can be easily cleaned and disinfected?

Yes ☐ No ☐

3.13 Are all of the walls and floors within the premises in good repair? Yes ☐ No ☐

3.14 Are all of the walls and floors within the premises made of materials that can be easily cleaned and disinfected? Yes ☐ No ☐

3.15 Please provide full details of the equipment and products used in the sterilisation, disinfection and cleaning of any instruments, equipment, fixtures and fittings (including sinks):

.....

.....

.....

3.16 Please state what provision has been made for the storage, collection and disposal of waste (including sharps - *see Guidance Note 8*):

.....

.....

3.17 Please state what provision has been made in relation to:

- **Personal Protective Equipment (PPE)**

.....

.....

- **First Aid**

.....

.....

3.18 Please state what provision has been made for the storage and maintenance of records in relation to:

- **Client information**

.....

.....

- **Suppliers and product use**

.....

.....

- **Cleaning and disinfection regimes**

.....

.....

- **Maintenance and servicing of equipment**

.....

.....

Section B – Vehicle Details

3.19 Trading name used for the vehicle (if applicable):

.....

3.20 Please give details about the vehicle:

Vehicle registration number:

Vehicle identification number (VIN):

A recent colour photograph of the vehicle is to be enclosed with this application (tick to confirm this is included) (*see Guidance Note 9*) ☐ Yes

If the vehicle does not have a registration number, give a description of the vehicle and its location (where possible this should include an address with postcode) and provide as much information as possible to identify the vehicle for example the make, model, colour of the vehicle:

.....
.....
.....

3.21 Where in Wales will the vehicle likely be operating from? (*See Guidance Note 10*)

.....

3.22 Website address details and/or any public facing social media platforms for business (if applicable):

.....

3.23 List of special procedures to be performed in the vehicle (*see Guidance Note 4*):

Acupuncture ☐

Body Piercing ☐

Electrolysis ☐

Tattooing ☐

3.24 Are there any other activities (for example activities that are not classed as special procedures) undertaken at this vehicle? (*See Guidance Note 5*)

Yes ☐ No ☐

If yes, please list those other activities:

.....

3.25 How many licence holders will be working in the vehicle?

.....

3.26 How many workstations are there in the vehicle that you are seeking approval for? (*See Guidance Note 6*)

.....

3.27 What water supply is used in the vehicle?

☐ Mains water supply ☐ Private water supply ☐ Both mains/private water supply

3.28 Please state the number and location of any wash hand basins in the vehicle:

.....

3.29 Please state whether all wash hand basins provide:

- An adequate supply of hot and cold running water** Yes ☐ No ☐
- Liquid or foam soap** Yes ☐ No ☐
- Disposable paper towels in an enclosed dispenser** Yes ☐ No ☐

3.30 Are all of the fixtures and fittings in the special procedures work area (see Guidance Note 7) in good repair and made of nonporous materials that can be easily cleaned and disinfected?

Yes ☐ No ☐

3.31 Are all of the walls and floors in the vehicle in good repair? Yes ☐ No ☐

3.32 Are all of the walls and floors in the vehicle made of materials that can be easily cleaned and disinfected? Yes ☐ No ☐

3.33 Please provide full details of the equipment and products used in the sterilisation, disinfection and cleaning of any instruments, equipment, fixtures and fittings (including sinks):

.....

.....

.....

3.34 Please state what provision has been made for the storage, collection and disposal of waste (including sharps - see Guidance Note 8):

.....

.....

3.35 Please state what provision has been made in relation to:

- Personal Protective Equipment (PPE)**

.....

.....

- First Aid**

.....

.....

3.36 Please state what provision has been made for the storage and maintenance of records in relation to:

- Client information**

.....

.....

- Suppliers and product use**

.....

.....

- **Cleaning and disinfection regimes**

.....

- **Maintenance and servicing of equipment**

.....

Part 4 – Times of operation

Please complete the table below to indicate the proposed opening and closing times of the premises or vehicle:

	Start	Finish
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

[Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises or vehicle to be used to perform special procedures.]

Part 5 – Miscellaneous (fill in as applicable) *(Please tick as appropriate)*

5.1 Have you, or any person named in or associated with this application, previously applied for an approval certificate? (Tick all that apply)

No ☐

Yes – application for approval certificate granted ☐

Yes – application to vary granted ☐

Yes – application to renew granted ☐

Yes – application (for an approval certificate, to vary and/or to renew) granted and approval certificate revoked ☐

Yes – application (for an approval certificate, to vary and/or to renew) refused ☐

If yes, please provide details *[For example, the approval certificate number, the reasons why an application was refused, the reasons why approval certificate was revoked.]:*

.....

5.2 Do you have a special procedure licence (see Guidance Note 11)?

Yes ☐

No ☐

Application pending ☐

If yes, please provide the licence number (see Guidance Note 12):

.....

If an application is pending, please provide the date on which the application was made:

.....

5.3 Please confirm which language you wish to use in your dealings with the local authority about your application:

Welsh ☐ English ☐

5.4 Please set out any other information you consider to be relevant to your application in respect of the premises or vehicle:

.....

.....

.....

.....

.....

.....

Part 6 - Declaration and Checklist (please complete/tick)

This declaration is to be completed by the proposed certificate holder.

I confirm that, to the best of my knowledge, the information contained in this application is true. I understand that it is an offence under section 82(7) of the Public Health (Wales) Act 2017 to give information which is false or misleading in, or in relation to, this application or I am reckless as to whether it is false or misleading.

I understand that giving false or misleading information (whether knowingly or recklessly) may result in my approval certificate being revoked.

I also confirm that:

- ☐ **The individual applicant/the business or organisation has the right to occupy the premises or vehicle *[delete as applicable,]***
- ☐ **I am aware of my obligations to obtain valid insurance cover in respect of the premises/vehicle *(see Guidance Note 13),***
- ☐ **I have read and understood the mandatory approval conditions that will be attached to my approval certificate, and**

I understand the implications of non-compliance with those mandatory approval conditions. *(See Guidance Note 14)*

Checklist:

- **Payment of the application fee has been made/is enclosed *(see Guidance Note 15)*** ☐
- **Application form fully completed and signed *(see Guidance Note 16)*** ☐
- **A plan of the premises or vehicle is enclosed *(see Guidance Note 17)*** ☐
- **Evidence of regulated Level 2 Award is enclosed *(see Guidance Note 18)*** ☐
- **Recent colour photograph of vehicle is enclosed (if applicable) *(see Guidance Note 9)*** ☐
- **Copy of identity documents are enclosed *(see Guidance Note 19)*** ☐
- **I understand if the above requirements are not complied with the application may be rejected**

Part 7 – Signature

7.1 Signature of individual applying for approval certificate (in accordance with Part 2 Section A)

Signature:

Print name:

Date:

7.2 Signature on behalf of business/organisation applying for approval certificate (in accordance with Part 2 Section B)

Signature (Person identified in Part 2 Section B 2.14):

Print name:

Date:

Signature (Person identified in Part 2 Section B 2.16):

Print name:

Date:

[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]

Guidance Notes

Note 1: Name of relevant issuing local authority

When applying for an approval certificate—

- (a) if the premises is in the area of the local authority, an application is to be made to that local authority;
- (b) if the vehicle is considered to be, or is likely to be, driven, used or kept in the area of the local authority, an application is to be made to that local authority.

Note 2: Identification of person in Part 2 Section B 2.14

If an application is being made on behalf of a business/organisation, the name of the person required to be named in the application form is an individual such as the Owner, Manager, Company Director, Operational Director of the business/organisation.

Note 3: Identification of person in Part 2 Section B 2.16

Applicants must identify an individual who will be the contact for the application as well as the contact for the duration of the intended approval certificate. This individual can be the Regional Manager, Area Manager, Site Manager for the premises/vehicle and be part of the operational/day to day management of the premises/vehicle. This individual may be the same individual as the person identified in **Part 2 Section B 2.14** but they will be required to provide identity documents and must hold a valid regulated Level 2 Award.

Note 4: Meaning of special procedure

The special procedures of acupuncture, body piercing, electrolysis and tattooing all have the same meanings given in section 94(1) of the Public Health (Wales) Act 2017.

Note 5: Performance of other activities in the course of a business

An applicant may include details of other activities which are performed in the course of a business from the premises/vehicle but are not classed as special procedures. For example, activities such as beauty treatments, hairdressing, retail etc.

Note 6: Number of workstations

The term “workstation” means the part of the special procedures work area which contains—

- (a) a bed, chair or similar, on which a client sits or lies on to undergo a special procedure performed by a licence holder,
- (b) a chair or stool which the licence holder sits on to perform the special procedure (if applicable), and
- (c) a work surface that is used for the placement and storage of the instruments and products used by the licence holder to perform the special procedure.

When deciding how many workstations an applicant is seeking approval for, the applicant must consider the size and shape of the premises/vehicle and ensure there is sufficient space between each workstation to enable the safe and hygienic performance of the special procedure(s). Please see the non-statutory guidance for further information.

Note 7: Special procedures work area

The term “special procedures work area” means a designated area or room used for the purpose of performing a special procedure which—

- (a) must include at least—
 - (i) 1 workstation,
 - (ii) 1 wash hand basin,
 - (iii) 1 waste bin,
 - (iv) 1 sharps bin (if applicable), and
- (b) may also include other facilities and equipment to support the performance of the special procedure.

Note 8: Sharps

The term “sharps” means objects or instruments which are able to cut, graze, puncture or cause injury to the skin and includes all types of needles and single use razors.

Note 9: Photograph of vehicle

Applicants are required to submit a recent colour photograph of the vehicle that is subject to approval by the local authority. A photograph is required for all vehicles including those with registration plates.

Note 10: Location of vehicle

Whilst an approval certificate will authorise the performance of special procedures from a vehicle anywhere in Wales, applicants are asked to provide further details around the usual location of the vehicle in Wales and the local authority areas where the vehicle is likely to be used to perform special procedures.

Note 11: Special procedure licence

A special procedure licence has the same meaning given in section 59 of the Public Health (Wales) Act 2017 i.e. a licence issued by a local authority authorising the performance of the special procedure (or special procedures) specified in the licence by the licence holder.

Note 12: Licence number

The “licence number” means the reference number given by the local authority to the approval certificate which is unique to that certificate and which is specified in it.

Note 13: Insurance cover

The term “insurance cover” means a valid public liability policy of insurance issued by an authorised insurer to insure the applicant in relation to the approved premises or vehicle.

Note 14: Non-compliance with mandatory approval conditions

Applicants should be aware that an approval certificate can be revoked if a local authority is satisfied that the certificate holder has failed to comply with an applicable mandatory approval condition, and that the non-compliance presents, or could present, significant risk of harm to human health. See section 73 of the Public Health (Wales) Act 2017 for further details.

Note 15: Payment of the application fee

Applicants are advised to contact the relevant issuing local authority for further information about the amount of the application fee that is due and how payment of the application fee is to be made. This information may be found on the local authority's website.

Note 16: Submission of application

Applicants are advised to contact the relevant issuing local authority for further information about how an application for an approval certificate is to be submitted. This information may be found on the local authority's website.

Note 17: Plan of premises or vehicle

The application must be accompanied by a plan which must include (where appropriate)—

- (a) the points of entry and exit to the premises or vehicle,
- (b) the measurements and a description of the shape of the areas (such as rooms) (if any) within the premises or vehicle,
- (c) the points of entry and exit to the areas (such as rooms) (if any) within the premises or vehicle,
- (d) the location of the following (if any)—
 - (i) equipment sinks,
 - (ii) sharps bins,
 - (iii) staff rooms,
 - (iv) storage areas, facilities or rooms for products and/or equipment,
 - (v) toilets,
 - (vi) waiting areas or rooms,
 - (vii) wash hand basins,
 - (viii) waste bins,
 - (ix) windows, and
 - (x) workstations.

Note 18: Evidence of regulated Level 2 Award

Applicants must hold a Level 2 Award in Infection Prevention and Control for Special Procedures Practitioners (an award that is regulated by Qualifications Wales). Applicants must provide evidence of this award by enclosing either the original certificate or a copy of the certificate. If a copy of the certificate is provided, the original certificate must be made available to the issuing local authority upon request.

In the case of an individual applying for an approval certificate the regulated Level 2 Award must be awarded to that individual.

If the application is being made on behalf of a business/organisation, the individual named/identified in **Part 2 Section B 2.16** of the application form must have been awarded the regulated Level 2 Award.

Note 19: Identity documents

In the case of an individual applying for an approval certificate, they must provide proof of their full name and date of birth.

In the case of an application being made on behalf of a business/organisation, the individual identified in **Part 2 Section B 2.16** of the application form must provide their proof of identity.

The following forms of photographic identification are permitted:

- Valid passport or driving licence,
- If the applicant has neither of the above then the following photographic ID cards are considered suitable; a Biometric residence permit; HM Forces ID card; EEA National ID card; Irish Passport Card; Visa or Work permit.

Applicants may provide a copy of their identification documents to accompany the application form but the original proof of identity must be made available to the issuing local authority upon request.

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