

**ESSEX COUNTY COUNCIL
ESSEX ACT 1987**

**NOTIFICATION OF CHANGES TO STAFF EMPLOYED TO
CARRY ON MASSAGE OR SPECIAL TREATMENTS**

1. Licensed premises:

Business Name:

Address:

.....

Tel. No:

2. I hereby declare:

- a that this notification is made knowing that the premises licence may be revoked if anything has been wilfully stated in this notification which I know to be false or do not believe to be true.
- b that details of any criminal convictions against the therapist(s) (whose details are enclosed) have been declared on the notification.
- d. that a cheque (made payable to Essex County Council) for **£25.00** per member of staff being the prescribed notification fee is enclosed.

PLEASE NOTE

A person submitting a notification of changes to staff who provides any information which he knows to be false, or intentionally withholds any material information, is liable to be prosecuted.

Signed

Position

Date.....

The information gathered in this form may constitute personal data as defined in the Data Protection Act 1998. Any personal data will be processed in accordance with the requirements of that Act. The information entered in this form may be stored electronically. The information may, where appropriate, be shared with other relevant bodies such as other licensing authorities, local authorities, the police or the Health and Safety Executive. You have the right to request a copy of any personal information and to have any inaccuracies corrected.

SECTION C – STAFF PROVIDING TREATMENTS

Mr/Mrs/Miss	Date of Birth
Private Address	Telephone No
Qualifications	
Details of any criminal convictions in connection with an establishment for massage or special treatment, or in respect of any offence against decency or public morals.	
Details of any criminal convictions in connection with an establishment for massage or special treatment, or in respect of any offence against decency or public morals.	

Please Note: Two identical full-face passport size photographs (taken within the previous 12 months) of all therapists who will be giving treatments (including if appropriate the licensee(s)) must be supplied with this form. Each photograph should be endorsed with the date on which it was taken, bear the name in block capitals of the therapist whose likeness it bears, and be signed by them, and copies of relevant qualifications.

**Please Note - One copy of this form must be completed for each therapist.
Please photocopy the form as necessary.**