



**Local Government (Miscellaneous Provisions) Act 1982 – as amended
Application for Registration for the Practice of Acupuncture**

1. Name and address of practice or business where Acupuncture will be done:

Telephone :

2. Name and address of applicant:

Telephone:

(Give registered office if a limited company, business address if a partnership or home address if an individual)

3. Names of any professional bodies of which you are a member:

Declaration:

I/We hereby apply to be registered for the practice of acupuncture and for the premises mentioned in part 1 above to be registered for the carrying on of the practice of acupuncture.

- I/We enclose the appropriate registration fee (cheques to be made payable to "Leeds City Council")
OR I/We confirm that I/we have paid the registration fee by telephone payment (**delete as appropriate**)

Signature(s) of applicant(s) Date

Name (print)

**Please complete all parts of the form and return to :
Health and Safety Service, Health and Environmental Action Service, Millshaw Park Way,
Leeds LS11 OLS**

Telephone Banking reference: ACUP **/20**