

FORM C

THE PUBLIC HEALTH ACT

Application for Licence to operate as a Beauty Therapist

Cosmetologist, Hairdresser or Trainee

Name of Applicant:

Home Address:

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Telephone:

Date of Birth:

Gender:

Educational Qualification:

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Type of Licence for which application is made:

Number of years experience:

Name of employer (If employed)

Business address:

Amount of fee paid:

Date of Medical Examination:

Date: Applicant Signature:

FOR OFFICIAL USE ONLY

Documents Submitted:

- 1. Public Health Permit.....
- 2. TRN.....
- 3. I.D Type.....
- 4. Certificate [] 5. Photograph []

New Licence Number:

Fee paid:

Remarks:

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Signature of Authorized Officer: Date: