

**Birmingham City Council Act 1990 – Massage and Special Treatments Licence
Personal Details Form**

Trading Name & Address of Massage & Special Treatment Premises:	
Full name of person giving treatment (give former names if applicable):	
Address:	
Postcode:	
Age:	
National Ins No:	
Date/Place of Birth:	
Qualifications to give the treatment:	
Name/Address of College/Organisation:	

I, consent to the information provided on this form being exchanged with other agencies in the interests of enforcement and protection of public funds

Signed

Dated.....

This form is to be completed for each person providing treatments under the Birmingham City Council Act 1990. It must be signed by the individual named on the form.

Completed Forms should be sent to:

The Licensing Section
Crystal Court
Aston Cross Business Village
50 Rocky Lane, Aston,
Birmingham, B6 5RQ