

## Application For Consent To Conduct An Exhibition, Demonstration Or Performance Of Hypnotism

This application must be completed and submitted at least 28 days before the date of the proposed exhibition, performance or demonstration of hypnotism.

### 1 Applicant Details

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	(Please Tick)
Surname								
First Name								
Middle Name(s)								
Address:								
Postcode:								
Date of Birth:								
Mobile Number:								
Telephone Number:								
E-Mail Address:								
Position/Job Title								
Business Name								
Registered Business Address								
Commercial register on which registered								
Registration number								
VAT number								
Legal status (e.g. limited company)								

### 2 The hypnotist

Name	
Stage name(s)	
Former name(s)	
Home address (if different)	

## 2 The hypnotist

Date of birth	
Place of birth	
Contact telephone number(s) (if different)	

## 3 Membership of a professional organisation (continue on a separate sheet if necessary)

Are you a member of a recognised professional organisation?	Yes / No	If no, go to 4
If yes, please provide details of the organisation		
Name of organisation		
Address of organisation		
Telephone number		
Membership number		

## 4 Public liability insurance

Do you have public liability insurance?	Yes / No	If no, go to 5
If yes, please provide details of the policy		
Insurance company		
Policy number		
Period of cover		
Extent of cover		

## 5 Proposed venue for the performance(s)

Name of venue	
Address of venue	
Telephone number	
Venue manager's name	
Maximum number of people to be admitted to the venue for the performance	

## 6 Planned performance(s)

Date(s) of planned performances	
Time(s) of planned performances on those dates	
Detailed description of the planned performances	

### 7 Last three performances

Please complete the following details about each of the last three performances given by the hypnotist	
Name of venue	
Address of venue	
Local authority which granted permission	
Date of performance	
Detailed description of the performance	

Name of venue	
Address of venue	
Local authority which granted permission	
Date of performance	
Detailed description of the performance	

Name of venue	
Address of venue	
Local authority which granted permission	
Date of performance	
Detailed description of the performance	

### 8 Previous refusals and convictions

Have you ever been refused or had consent for hypnotism withdrawn by any licensing authority?	Yes / No	
Have you ever been barred from the Federation of Ethical Stage Hypnotists or European Guild of Professional Stage Hypnotists or any similar body?	Yes/No	
Have you ever been convicted of an offence under the Hypnotism Act 1952?	Yes/No	
Have you ever been convicted of an offence involving the breach of a condition regulating or prohibiting a performance of hypnotism?	Yes/No	
If yes to any of these questions, please provide full details		

### 9 Additional details

Please provide any additional information relevant to the application
---

## **HOW WE COLLECT AND USE INFORMATION**

The information collected, on this form and from supporting evidence, by Stockton-on-Tees Borough Council will be used to process your application. The information may be passed to the Department of Social Security, Employment Service and Inland Revenue and such other Departments of the Council and external organisations but only if the law permits us to do so.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and local authorities. Stockton-on-Tees Borough Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, please contact us at the address above.

### **10 Declaration and Signature**

I confirm:

- I have read fully and understood the contents of this form and any supporting information and agree to the terms and/or conditions set out within;
- I understand that by submitting this application, I consent to Stockton on Tees Borough Council passing on the data within this application and its supporting documents to any authority or person that will assist its determination of this application, or as required by law;
- I declare that the information provided is true to the best of my knowledge and belief;
- I understand that if any false information is provided I may be guilty of an offence and liable to prosecution;
- I understand that if the application is authorised I must inform the authority about any changes to circumstances that mean I no longer meet the conditions for the authorisation;
- I understand where a statutory declaration has been provided it may be forwarded to Cleveland Police.

Signature		Date	
-----------	--	------	--

When completed, please return this form to either:-

- In Person to the Customer Service Centre, Stockton Central Library, Church Road, Stockton on Tees; or by post to:
- Licensing Service, Municipal Buildings, Church Road, Stockton on Tees TS18 1LD

The applicant must also forward a copy of the completed application form to Cleveland Constabulary.