



APPLICATION FOR A PERFORMANCE OF HYPNOSIS

This is an application under the under the **HYPNOTISM ACT 1952**, which must be submitted to the Local Authority at least **28 days** before the performance.

1.Full name of the performer: (Mr. Mrs. Miss or other title)

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Full address:.....

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Daytime telephone:

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E-mail.....

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2.Description of the proposed performance:

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3.Name and address of performance venue

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4. Date and time of proposed performance.....

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5. Have you been previously been refused consent by any licensing authority or been convicted of an offence involving breach of a condition.

Yes No

If yes please give details

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7.Details of training and qualifications and/or membership of any professional body

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I confirm that the information given is correct and true to the best of my knowledge and belief.

Signature:

Date:

Applicant or agent of applicant *

*Delete as applicable

Once this application has been received consultations will take place with the Police and the Federation of Ethical Stage Hypnotists.

PRIVACY STATEMENT

The information you have supplied is being collected in accordance with the Hypnotism Act 1952, and will be used for processing your application for a licence under the Act.

Your information will not be used for any other purpose and will not be shared with any other third parties, unless permitted by law. Your information will be retained until a period of 6 years after the expiry of the licence; this is in line with the Limitations Act 1980 (section 2).

Data will be processed and held securely and in accordance with the General Data Protection Regulation and the Data Protection Act 2018 (and any updates).

Further information about data protection can be found on the East Suffolk Website:

www.eastsuffolk.gov.uk/assets/Your-Council/Access-to-Information/Privacy-Notices/Licensing-Privacy-Notice.pdf