

HYPNOTISM ACT 1952

APPLICATION FOR CONSENT TO STAGE A HYPNOTISM PERFORMANCE

I (full name) _____ Date of Birth _____

Address _____

Email _____

Tel no _____ Mobile _____

hereby make application for consent to stage a hypnotism performance at

(address) _____

_____ Tel no _____

on (date of performance) _____

During this event subjects*[will][will not] remain hypnotised during an interval in the performance.

*(please delete words in square brackets which do not apply)

If subjects are to remain hypnotised during an interval in the performance please specify the number of attendants who will be present to ensure the subjects safety

My last three performances of hypnotism were (please supply name and address of premises and dates of performance)

1) Name of Premises _____

Address _____

_____ Date _____

2) Name of Premises _____

Address _____

_____ Date _____

3) Name of Premises _____
Address _____
_____ Date _____

I have never been previously refused, or had withdrawn, a consent by any licensing authority or been convicted of an offence under the Hypnotism Act 1952 or of an offence involving the breach of a condition regulating or prohibiting the giving of a performance of hypnotism on any person at any place.

Signed _____

You must attach the following documents with this application:

1. Copy of Public Liability Insurance to cover the proposed performance.
2. Contact details regarding membership of any professional body.
3. Details regarding any refusal of a Hypnotism consent or convictions under the Hypnotism Act 1952

If you are unable to complete or supply all the details requested please sign this form and provide an explanation for any missing documents.

Return your completed form and required documents to:

The Licensing Team
Civic Offices
Bridge Street
Reading,
RG1 2LU.

For queries relating to this application email Licensing@reading.gov.uk