



Dear Cosmetic Practitioner (CP),

As a voluntary register with no legal statutory power, the CPR (and anyone else, for that matter) can not compel any CP to undergo an inspection. But the procedure of a **“SELF INSPECTION”** has gained popularity and acceptance in the last few years. Even the UK Care Quality Commission has considered implementing it in some cases. Not only is it a cost effective and time saving way of conducting an inspection, the documentation generated can also be useful as evidence of “good cosmetic practice” should a complaint arise.

For the CP to do your own inspection, you simply need to do the following:

- 1) Complete this **Questionnaire** and email a copy (after scanning it) to cpr.inspect@gmail.com
- 2) Take **Pictures** or make a **Video** of your practice and email a copy to cpr.inspect@gmail.com

These will be kept on record for future use and the CP can update either whenever a reason arise.



If you have any problems or questions, please email them to cpr.inspect@gmail.com

1. Statement on the Data Protection Act 1998

Please sign the statement below to enable us to proceed with the Inspection Procedures.

I accept that the Cosmetic Practitioners Regulator will use the information provided in this document (including personal data) and any other relevant information the CPR obtains or receives, for the purposes of performing its regulatory functions; I understand that this information will be used to make decisions in relation to the registration of Cosmetic Practitioners: Particularly the publication of a register of those Cosmetic Practitioners that registered with us and conditions of registration; I understand that personal data will be processed in accordance with the Data Protection Act 1998.

CP's NAME:SIGNATURE:.....DATE:.....

2. PERSONAL DATA

3. PERSONAL CONTACT DETAILS

Title		Address	
Name			
Surname		Postcode	
Other names		Country	
Gender		Email	
Nationality		Landline phone	
Date of Birth		Mobile phone	
Preferred Method Of Contact		Socia Media used	

4. BUSINESS DETAILS

Name of Business		Email	
Format (e.g. sole trader)		Landline	
Address (1)		Mobile	
		Website	
Address (2)		facebook	
		twitter	
Postcode(s)		WhatsApp	
Country(s)		Other	

5. CURRENT ACTIVITIES

Please list all current Work related and Public activities with a short clarification
 (continue on a separate page if needed, under heading: "5. CURRENT ACTIVITIES")

ACTIVITY	CLARIFICATION

6. SKILLS & COMPETENCIES

Please list all current Skills & Competencies with a short explanation.
 (continue on a separate page if needed, under heading: "6. ...")

SKILLS & COMPETENCIES	DETAILS

7. PROCEDURES ON WHICH INSPECTION IS FOCUSED

List in detail all Procedures & Treatments (e.g. Dermal Fillers) you are currently doing on Clients which you are inspecting.

1)
2)
3)
4)
5)
6)
7)

8. QUALIFICATIONS DETAILS

Please list all your Qualifications, starting with GCSE qualifications.

(continue on a separate page if needed, under heading: "8. ...")

1)
2)
3)
4)
5)
6)
7)
8)
9)

9. VOLUNTEERING & WORK EXPERIENCE DETAILS

Please list all your Work (including volunteering) experience details.

(continue on a separate page if needed, under heading: "9. ...")

DATE	JOB / VOLUNTEERING / CHARITY / ETC.

10. STATEMENT ON HUMAN RIGHTS

Please state shortly if you have any particular personal positions on Human Rights issues. In independent private practice, dealing with private clients, you have a Right to decide whom to treat. (e.g. A female practitioner doing home treatments can refuse to visit and treat an unknown man and vice versa)

12. APPLICABLE MEDICAL CONDITIONS DECLARATION

1) I do not have any physical or mental health conditions which are relevant to my ability to provide the services for which I am applying to be regulated and I undertake to inform the CPR immediately of any changes in my health situation. I am also free of any transmissible diseases.

OR

2) I have the following Medical and / or Psychiatric Conditions:

.....

CP NAME:..... SIGNATURE:.....

13. DECLARATION BY PRACTITIONER

This declaration MUST be signed on both page 6 and 7 to constitute a valid inspection.

- I hereby declare that the information given in this document is true, accurate and current.
- I understand that Sections 1, 2 and 3 of the Fraud Act 2006 makes it an offense to knowingly make a statement which is false or misleading, with the aim to make a gain for yourself or others, in a material respect in this questionnaire or in presenting any of the documents required.
- I understand that to knowingly make a false declaration could render me liable to prosecution and could lead to my inspection being invalid and my insurance may likewise be affected.
- I confirm that I am keeping copies of all information and documents submitted for my inspection and registration in a safe place for my own records.
- I understand that it is my responsibility to inform the CPR of any information that is relevant to my registration and inspection even if it may not have been asked and to update this information accordingly.
- I understand that if I change my postal or email address for service of notices and delivery of other documents, I must update the relevant part of my Statement of Purpose, notify the CPR about the change and supply to the CPR a copy of the amended Statement.
- I understand that I have to and undertake to remove the CPR logo from my website and certificate from my wall if I decide not to renew my registration and have therefore no current and valid proof of inspection.

1st SIGNATURE:

- In completing this questionnaire for Inspection and Registration with the CPR, I agree to comply with the "Best Practice" recommendations for Cosmetic Practitioners.
- Once registered, I agree to inform the CPR if there are any changes in my way of practice that may be interpreted as non-compliance with the recommendations.
- I understand that non-compliance with the relevant recommendations could lead to the cancellation of my registration or a refusal to inspect me.
- By completing and submitting this questionnaire, I agree that the information supplied by me may be used as conditions of registration.

DATE of SIGNING:..... Name:..... 2nd SIGNATURE:.....

14. DISCLAIMER OF LIABILITY

.....(name) assisted me in completing this questionnaire.

Signature of assistant:.....

(if no-one assisted draw a line through the above)

- I have read and understood the questions and checked the answers and information given by me.
- I have read and signed the Declaration and confirm that the answers are correct and complete.
- I understood that any inclusion of incorrect information or omission of material facts may invalidate my inspection
- I understood that it is my responsibility to inform the CPR of any change in circumstances a.s.a.p.

Dated:..... Signed:..... Witnessed:.....



Print name of Witness:

[Nothing agreed to in this questionnaire is meant to interfere with your legal rights in any way.]