

HYPNOTISM ACT 1952

APPLICATION FOR CONSENT RELATING TO PERFORMANCES OF STAGE HYPNOTISM

PLEASE NOTE THAT THIS FORM MUST BE FULLY COMPLETED TO THE COUNCIL'S SATISFACTION. INCOMPLETE OR OTHERWISE UNSATISFACTORY DETAILS WILL RENDER THE APPLICATION VOID.

Details of Venue	
Date(s)/Time(s) of Proposed Performance(s):	
Venue/Address:	
Venue Telephone Number:	
Description of Act:	
Details of Applicant	
Full (Real) Name:	
Address:	
Telephone:	
Email Address:	

Stage Name (if different):	
Business/Contact Address:	
Telephone (if different to above):	
Are you a Member of a Professional Body representing Stage Hypnotists?	YES/NO
If you are a Member of such a body, please state which:	
Name:	
Address:	
Contact Name/Tel No/Email:	
Membership No./Status, e.g. Full/ Associate etc:	
Date of Joining:	

STATE THE FOLLOWING DETAILS IN RELATION TO THE LAST THREE PERFORMANCES OF STAGE HYPNOTISM WHERE CONSENT HAS BEEN GRANTED BY A LOCAL AUTHORITY:

1.	Date:	
	Venue Name:	
	Venue Address:	
	Description of Act:	
	Local Authority:	

2. Date:	
Venue Name:	
Venue Address:	
Description of Act:	
Local Authority:	
3. Date:	
Venue Name:	
Venue Address:	
Description of Act:	
Local Authority:	
Insurance Details	
Do you have Public Liability Insurance Cover?	YES/NO
Insurance Company:	
Address:	
Policy No:	Amount of Cover:

Details of Performance	
If the performance includes hypnotising members of the public, will minders stay with hypnotised subjects during the show, including the interval?	YES/NO
Is the hypnotist providing a minder for each hypnotised subject?	YES/NO
If the answer to the above is no, how many hypnotised subjects will a minder supervise?	
Has the hypnotist ever been refused or had withdrawn a consent for hypnotism by any Licensing Authority?	YES/NO
If you have answered yes, please attach details:	
Has the hypnotist ever been convicted under the Hypnotism Act 1952 or of any offence relating to Stage Hypnotism?	YES/NO
If you have answered yes, please give details:	
Has the hypnotist ever been convicted of an offence involving the breach of a condition regulating or prohibiting the giving of an exhibition, demonstration or performance of hypnotism?	YES/NO
If answered yes, please give details:	
Has the hypnotist ever been barred from the Federation of Ethical Stage Hypnotists or the European Guild of Professional Stage Hypnotists or any other similar body?	YES/NO
If the answer to the above is yes, please give details:	

DECLARATION

I/We have read and understood the Council's Authorisation conditions and agree to comply with them at all times.

I have enclosed references from previous premises or a suitable reference from a recognised body.

I/We confirm that we have read and understood a copy of the Council's Conditions for Hypnotism.

I/We hereby certify that the above details are true and that I agree to conform to the Council's requirements relating to Stage Hypnotism.

Signature (Hypnotist or Agent)
Print Name
Date
Signature of Individual responsible for management of the Venue
Print Name
Date

Please return the completed form to:

Email: licensing@coventry.gov.uk

Postal Address: Licensing Team Coventry City Council PO Box 15 Earl Street Coventry CV1 5RR