

THE REPUBLIC OF CYPRUS

Ministry of Health

CYPRUS BEAUTICIANS REGISTRATION COUNCIL

The Beauticians Registration 1999 (N.40(I)/99) Law

REGISTRATION APPLICATION
at the Beauticians Registry, in effect of article 8

A. PERSONAL INFORMATION:

(Please fill in your name and surname in Capital letters):

Surname:

Name:

Identity card number:

Social Insurance number:

Date of Birth: Day ... Month ... Year...

Nationality:

In the case of a third country national, please give the name of the country:

(a) Spouse of a national of.....

(b) Child of a national of

Work Address:

Street: Municipality/town:

P.O. Box: City:

Tel: Fax: e-mail:

Correspondence Address:

Street: Municipality/town:

P.O. Box: City:

Tel: Fax: e-mail:

REGISTRATION QUALIFICATIONS:

(Please fill in accordingly, if and where you hold the following qualifications).

1. Secondary Education Graduation Certificate

(attach certified copy) .

2. Degree, diploma or certificate recognized by the Cyprus Council for the Recognition of Higher Education Qualifications (KY.S.A.T.S)

(attach certified copy)

Degree:

Decision number and date:

3. Graduate of a private school recognized in Greece, or of a similar school abroad, graduated before 1.1.79 and evidently exercise the profession of beautician.

School:

.....
Country of study:

Graduation date:

Employment period: From: To:

(attach certified copies of degrees and prior service certification) .

4(i) Holder of a beautician diploma or certificate from an educational institution or professional body in Cyprus or abroad on the date when the Law on the Registration of Beauticians came into effect (i.e. on 4.2.2000).

(attach certified copy of diploma/certificate) .

School:

.....
Country of study:

Graduation date:

4(ii) Please state whether you apply any of the following:

(a) electric depilation and/or

(b) caring for grog-blossoms

Do you hold a certificate of special training in:

(a) electric depilation

(b) caring for grog-blossoms

5. You personally worked *bona fide* as a beautician for 3 years before February 4th 2000 as:

(attach prior service certificate) .

(a) Self-employed

Beauty Salon Name:

Address:..... Town:

P.O. Box. Tel. No.: Fax:

Employment period: From: To:

(b) Employee*

Beauty Salon Name:

Address:..... Town:

P.O. Box. Tel. No.: Fax:

Employment period: From: To:

* (In case you worked for more than one employer during the three years before 4/2/2000, please state the employer's name).

Employer:

Employment period: From: To:.....

6. Health Certificate from a member of the Cyprus Medical Association specializing in General Practice or Pathology.
(attach Health Certificate)

7. Clean Record Certificate.
(attach original certificate) .

C. OTHER INFORMATION:

Mention any other information you believe the Council should take into account:

.....
.....
.....
...

D. PERSONAL STATEMENT:

I hereby declare that all information provided above is true and I submit my application for registration at the Beauticians Register of Members, based on the provisions of Law 40(I)/99.

Signature: Date:

E. DOCUMENTS TO BE ATTACHED:

(Documents in a language other than Greek or English should be accompanied by a certified translation in Greek or in English).

1. Birth certificate or identity card photocopy or passport photocopy.
2. Certified photocopy of Secondary Education Graduation certificate.
3. Certified Beauty school degree/diploma/certificate photocopies.
4. Certified transcript of records for degree/diploma/certificate in (3).
5. If you have had special training in electric depilation and/or caring for grog-blossoms, attach certified training certificate photocopy.
6. Original certificate of prior service as a beautician (self-employed or employee) for the three-year period before the Law came into effect).
7. Original Health Certificate from a member of the Cyprus Medical Association specializing in Pathology or in General Practice.
8. Original Clean Record Certificate.
9. Two recent photographs.

FOR OFFICIAL USE

Date of reception:

Levy Payment Receipt No.:

Council examination date:

Decision of Council:

Approved

Rejected

Comments:

.....
.....

Register of Members No.:

Registration Date:

Recent photograph

EXPLANATORY NOTES

I. (in effect of Law 9) of L.40(I)/1999, the right to register at the Beauticians Registry is bestowed upon any person who:

(a) is a national of the Republic of Cyprus or of the European Union or who, during applying, is a spouse or a child of a national of the Republic and who permanently resides in Cyprus,

(b) is a holder of secondary education graduation certificate or similar,

(c) is a holder of a health certificate from a member of the Cyprus Medical Association,

(d) has not been convicted of obscenity and,

(e) (i) is a holder of a beautician's degree/diploma/certificate recognized by the Council for the Recognition of Higher Education Qualifications,

or

(ii) is a graduate of a private school recognized in Greece, or of a similar school abroad, graduated before 1.1.79 and evidently exercised the profession of beautician,

or

(iiI) When the Law on the Registration of Beauticians came into effect (i.e. on 4.2.2000), held a beautician diploma or certificate from an educational institution or professional body in Cyprus or abroad on the date,

or

(iii) Personally worked *bona fide* as a beautician for 3 years before the Law on the Registration on Beauticians came into effect (i.e. 4.2.2000).

III. The Registration Certificate is issued following application approval and following payment of the levy set by the relevant provisions of the Law.

The document can be handed in at the Ministry of Health (5th floor) or posted at:

The Ministry of Health
Markou Drakou 10
1448 Nicosia
(for Beauticians Registration Council).

For further information, you may call 22400113.