

## **Model Byelaws Consultation - For the regulation of Acupuncture, Tattooing, Semi-Permanent skin-colouring, Cosmetic piercing and Electrolysis**

### **What we are consulting on**

There are currently several Byelaws for the regulation of businesses and practitioners who undertake skin piercing practices. Currently, we have different parts of the county following different rules. The Legacy Councils (East Dorset District Council, North Dorset District Council and Purbeck District Council) have Byelaws regulating Ear Piercing, Electrolysis, Tattooing and Acupuncture.

West Dorset District Council and Weymouth and Portland Borough Council however use newer Byelaws based on the Department of Health model, which covers 'cosmetic piercing' instead of 'ear piercing', and regulations for semi-permanent skin colouring, in addition to controls for Tattooing, Electrolysis and Acupuncture.

Since the formation of Dorset Council, due to these differences, there is some inconsistency in how we regulate piercing premises. Therefore, we are proposing to adopt the Department of Health model Byelaws for the whole Dorset Council area, to reduce the risk of transmission of blood borne virus infections such as HIV, Hepatitis B and Hepatitis C and other infections.

The proposals would also make enforcement across Dorset Council's area consistent too. The adoption of the Byelaws under the Local Government (Miscellaneous Provisions) Act 1982 (as amended by the Local Government Act 2003) part VIII 1982 Act would mean that in all Dorset Council areas, any breaches of the Byelaws would carry with it the possibility of criminal prosecution. It would be an offence under Section 16 (2) of the 1982 Act for any person to contravene the proposed byelaws, which upon conviction could result in a fine of up to £1,000. The Court upon conviction would also have the power to cancel any registration under the 1982 Act.

Please note, any data collected follows Dorset Council's privacy policy [<http://www.dorsetcouncil.gov.uk/privacy>].

## The survey questions

The Byelaws lay down requirements for practitioners to follow to ensure that any treatment provided to a client is carried out in hygienic ways to ensure that any risk or transmission of a blood borne virus is effectively controlled.

Copies of the proposed Byelaws will be available on request. Please call 01305 221000 or email [envhealth@dorsetcouncil.gov.uk](mailto:envhealth@dorsetcouncil.gov.uk) for more information. They are also available online at [<https://consultation.dorsetcouncil.gov.uk/c-e/mbc>] in the 'Related' section.

### Summary of the main differences between the proposed Byelaws and the current ones

*The main differences between the older legacy Byelaws and the proposed Dorset Council Byelaws are the fines on conviction are raised from £400 to £1000.*

*Dorset Council will have the ability to regulate cosmetic piercing and semi-permanent skin colouring in Purbeck, East and North Dorset areas which we currently do not have.*

*There is also the need for the addition of a sign to say no eating or drinking in the treatment area.*

### Q1. Are you responding as...?

*Please tick one option.*

<input type="checkbox"/>	Resident of Dorset (Dorset Council area)
<input type="checkbox"/>	Resident of elsewhere
<input type="checkbox"/>	Private business
<input type="checkbox"/>	Public sector organisation (Local council, health organisation etc.)
<input type="checkbox"/>	Third sector organisation (Voluntary groups, Community groups, Charities)
<input type="checkbox"/>	Councillor / Politician
<input type="checkbox"/>	Other (please specify)

If other, please specify:

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### Q2. Are you a piercer?

*Please tick one option.*

<input type="checkbox"/>	Yes – if selected, go to Q5
<input type="checkbox"/>	No – if selected, see guidance text on the next page

- If you selected no and are responding as an individual, go to Q9
- If you selected no, but are responding as a business/organisation, go to Q3

## Organisations that are not piercers

**Q3. What is the name of your business/organisation?**

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**Q4. Are you providing your business/organisation's official response?**

*Please tick one option.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Please now go to Q9.**

## Piercers

**Q5. What is the name of your business/organisation?**

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**Q6. Are you providing your business/organisation's official response?**

*Please tick one option.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Q7. Do you operate from a commercial or residential premises?**

*Please tick one option.*

<input type="checkbox"/>	Residential
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Both

**Q8. What is/are the area(s) of Dorset where you operate?**

*Please tick all that apply.*

<input type="checkbox"/>	North Dorset
<input type="checkbox"/>	East Dorset
<input type="checkbox"/>	Purbeck
<input type="checkbox"/>	West Dorset
<input type="checkbox"/>	Weymouth and Portland
<input type="checkbox"/>	Don't know

**Q9. Are you aware of the need to be registered with Dorset Council if you are a piercing practitioner?**

*This includes carrying out acupuncture, cosmetic piercing (including ear piercing), tattooing, electrolysis and semi-permanent skin-colouring.*

*Please tick one option.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Q10. Are you aware of the need for a premises to be registered?**

*Please tick one option.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Q11. To what extent do you agree or disagree with the proposed Dorset Council Byelaws?**

*Please tick one option.*

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input type="checkbox"/>	Neither agree nor disagree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree
<input type="checkbox"/>	Don't know

**Q12. Are you a practitioner?**

*Please tick one option.*

<input type="checkbox"/>	Yes – if selected, go to Q13
<input type="checkbox"/>	No – if selected, go to Q15

**Q13. Do you believe these proposed Byelaws will place any extra burden on your business which isn't already required under the current Byelaws?**

*Please tick one option.*

<input type="checkbox"/>	Yes – if selected, go to Q14
<input type="checkbox"/>	No – if selected, go to Q15
<input type="checkbox"/>	Don't know – if selected, go to Q15

**Q14. If yes, what extra burdens?**

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**Q15. If you have any further comments, let us know here**

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## About you

This section is optional. We use it to collect diversity information. This helps to ensure any changes do not unfairly impact specific sectors of the community. It also helps to make sure our consultation response comes from a representative sample of residents.

### Q16. Please select your age group.

*Please tick one option.*

<input type="checkbox"/>	Under 18
<input type="checkbox"/>	18 to 24
<input type="checkbox"/>	25 to 39
<input type="checkbox"/>	40 to 49
<input type="checkbox"/>	50 to 59
<input type="checkbox"/>	60 to 64
<input type="checkbox"/>	65 plus
<input type="checkbox"/>	Prefer not to say

### Q17. What is your sex?

*Please tick one option.*

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Prefer not to say

### Q18. Is the gender you identify with the same as your sex registered at birth?

*Please tick one option.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say

**Q19. The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted or is likely to last 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS for example) are considered to be disabled from the point that they are diagnosed. Do you consider yourself to be disabled as set out in the Equality Act 2010?**

*Please tick one option.*

<input type="checkbox"/>	Yes – if selected, go to Q20
<input type="checkbox"/>	No – if selected, go to Q21
<input type="checkbox"/>	Prefer not to say – if selected, go to Q21

**Q20. If at the previous question you stated you consider yourself to have a disability, please state the type of disability which applies to you.**

*Please tick all that apply.*

<input type="checkbox"/>	Attention Deficit Disorder (ADD)
<input type="checkbox"/>	Attention Deficit Hyperactivity Disorder (ADHD)
<input type="checkbox"/>	Autistic Spectrum Conditions
<input type="checkbox"/>	Blind
<input type="checkbox"/>	Dyscalculia
<input type="checkbox"/>	Dyslexia
<input type="checkbox"/>	Dyspraxia
<input type="checkbox"/>	Deaf
<input type="checkbox"/>	Hearing loss
<input type="checkbox"/>	Long term health condition
<input type="checkbox"/>	Mental health issues
<input type="checkbox"/>	Physical impairment
<input type="checkbox"/>	Sign Language User
<input type="checkbox"/>	Visually impaired
<input type="checkbox"/>	Medical conditions
<input type="checkbox"/>	Mobility issues
<input type="checkbox"/>	Learning disability
<input type="checkbox"/>	Specific learning differences
<input type="checkbox"/>	Wheelchair user
<input type="checkbox"/>	If you prefer to use another term, please write in the box below

If you prefer to use another term, please write it here

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**Q21. What is your ethnic group?**

*Please tick one option.*

<input type="checkbox"/>	White: British
<input type="checkbox"/>	White: Irish
<input type="checkbox"/>	White: Gypsy
<input type="checkbox"/>	White: Irish Traveller

[Answers continue on next page]

	White: Other
	Mixed: White and Black Caribbean
	Mixed: White and Black African
	Mixed: White and Asian
	Mixed: Other
	Asian or Asian British: Indian
	Asian or Asian British: Pakistan
	Asian or Asian British: Chinese
	Asian or Asian British: Other
	Black or Black British
	Arab
	Other ethnic group
	Prefer not to say

If other, please specify:

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**Thank you for completing the survey!**

**Please return your completed survey by 14th August 2025. You can do this:**

- by post to: Laura Brewer, Food Safety and Port Health, Dorset Council, County Hall, Colliton Park, Dorchester, DT1 1XJ
- by scanning and emailing to [envhealth@dorsetcouncil.gov.uk](mailto:envhealth@dorsetcouncil.gov.uk)