**RUTH PRINGLE HOLISTIC: Connected Kids workshops**

The safety of my clients remains my priority at Ruth Pringle Holistic. In line with current guidelines all workshop attendees are required to complete this form, along with the COVID-19 SCREENING QUESTIONNAIRE AND CONSENT FORM

Name

Address

Phone number

Date

Please be aware of the hand sanitisers at the front door and bathroom and their use prior to and after treatment.

Please be aware that the practice will provide a facemask for my use. Or I may bring my own.

Please be aware that Ruth Pringle has not had any symptoms in the last 14 days: fever, shortness of breath, dry cough, sore throat, loss of taste/smell.

1. I confirm that I am NOT shielding and have no underlying health conditions, which may make me vulnerable to COVID-19 YES/NO

(Please note if you are shielding or in constant contact with others that are shielding, you **cannot** attend group training. An individual 121 workshop must be arranged.)

4. I agree to washing/hand sanitising on arrival, during and at the end of the training workshop YES/NO

5. I have the opportunity to ask all the questions you wish to YES/NO

6. Food and beverages will not be provided during this current period. I agree to bringing my own food/beverages YES/NO

I knowingly and willingly agree to attend and consent to have face-to-face healing / therapy / teaching (incorporating hands on treatment techniques) completed during the COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. I consent to group participation in the light of the risk of contracting coronavirus and I understand that every precaution possible has been taken to avoid contamination.

I consent to taking full responsibility for my own health and well-being. I understand that Ruth Pringle is not a medical practitioner and if I am concerned about my health in any way, I will contact my GP/health practitioner.

I understand I have a responsibility to notify you if the responses to this questionnaire change and as soon as I become aware of any change.

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| DATE | SIGNED |
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