



The Children's Reflexology Programme

- Qualified Instructor

Dear

The person identified on the attached form has expressed an interest in being supported to attend a hand reflexology course. In accordance with the Mental Capacity Act an assessment of capacity to consent has identified that they are unable to provide informed consent. Could you please fill in part two of the form to indicate, to the best of your knowledge, whether you think they should attend the course.

We have included perceived benefits and risks. Please add any additional aspects you feel are relevant.

Yours sincerely,





The Children's Reflexology Programme

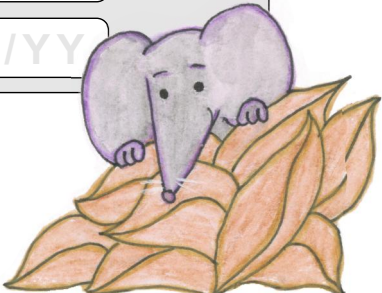
MENTAL CAPACITY ACT DECISION FORM

Part one, to be filled in by instructor and/or parent/carer

Name <input type="text"/>	Perceived benefits/risks <input type="text"/>
Address <input type="text"/>	
Date of birth <input type="text" value="DD/MM/YY"/>	

Decision being made: Whether the person identified above should receive hand reflexology/undertake hand reflexology classes.

Part two, to be filled in by qualified decision maker(s)

Does this person have capacity to make the decision themselves? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, please attach appropriate evidence.		
Persons contributing to this decision		
Name	Relationship to individual	Contact details
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Perceived benefits of hand reflexology	Perceived risks of hand reflexology	
<input type="text"/>	<input type="text"/>	
Decision made: This person should <input type="checkbox"/> should not <input type="checkbox"/> have hand reflexology.		
Signed <input type="text"/>	Date <input type="text" value="DD/MM/YY"/>	
	Review Date <input type="text" value="DD/MM/YY"/>	

Please return to: