



# The Children's Reflexology Programme for Additional Needs

*This is to certify that*

\_\_\_\_\_

*has completed this programme in giving your child reflexology*

*and*

\_\_\_\_\_

*has completed this programme in receiving reflexology from the above*

*Signed* \_\_\_\_\_

*Date* \_\_\_\_\_

*Qualified Instructor in The Children's Reflexology Programme for Additional Needs*



**Susan Quayle**  
Complementary Healthcare

