



The Children's Reflexology Programme

Additional Needs Reflexology Course **BOOKING FORM**

Please fill in the form in as much detail as possible.

All information is held in strict confidence. This document will be destroyed at the end of your course.

Course details

Title:	<input type="text"/>	
Location	<input type="text"/>	Starting <input type="text" value="DD/MM/YY"/>

Your details

Name	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>
Emergency contact name and number	<input type="text"/>
email	<input type="text"/>
Please pay at time of booking to secure your place.	
<input type="checkbox"/> PayPal	<input type="checkbox"/> BACS

I confirm that I have read and understood the advice and agreement overleaf.

Signed

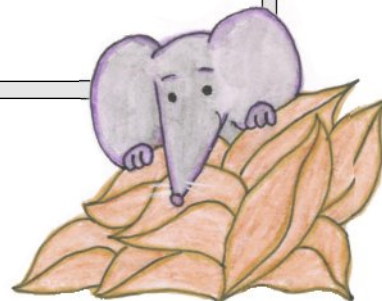
Please tick this box if you are happy for photos or quotes to be used in publicity ☐

Date

Child's details

Name	<input type="text"/>		
Date of birth	<input type="text" value="DD/MM/YY"/>	Sex	<input type="text"/>
Mind or brain impairment? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes and 16 or over you must also use the Mental Capacity Assessment			
Conditions, Diagnosis & Specific Needs <input type="text"/>			

Please return to:





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General advice

Reflexology is a gentle, relaxing, bonding activity. Never rush or force anything. Do not practice if you feel stressed or tense. Always ensure that you feel safe, secure and confident in what you are doing. Never do anything that you are not comfortable with.



Reflexology is not a substitute for medical attention. Please seek appropriate medical help if you have any concerns about your child.

After reflexology encourage your child to drink water throughout the rest of the day. Some children may become active or sleepy after their treatment, their appetite may increase or decrease, they may need to go to the toilet more frequently than usual. Sometimes children can express increased emotions which can last for a few days. All of this is normal and will pass.



Agreement

By signing up for this course you are agreeing to the following:

- You have read the general advice above and will follow it.
- You take full responsibility for yourself and your child, and for everything that happens to you and your child in relation to the course.
- If you have any doubts you will seek the advice of a medical professional before proceeding with classes.
- You will disclose any information regarding your own and your child's health relevant to the class.
- You will keep the course tutor informed of any health issues that arise during the course, for both you and your child.
- You will not attend any class if you or your child are ill or there are any signs of sickness in the family.
- Payment must be made at the time of booking.
- Places are subject to availability. In the unlikely event that we cannot find a suitable place we will refund the course fee in full.
- Refunds are not given once the course has started. Credits for future bookings may be given at our discretion.
- Cancellation by you must be made more than one week before the course starts or we will be unable to refund your money.
- Cancellation by us is unlikely but will entitle you to a full refund for any outstanding classes.
- We cannot provide refunds for missed classes but we may be able to find a place for you in the same class on another course.
- Safety is always our first concern but we will not be liable for any loss, damage or injury that may occur while attending the classes.
- You are responsible for all applications of reflexology outside the classes both now and in the future.
- The materials provided are for use only by people who have successfully completed the relevant course and may not be copied for any reason.





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MENTAL CAPACITY ASSESSMENT

Decision requiring Assessment of Mental Capacity:

Whether this person should receive reflexology / undertake reflexology classes.

Details of individual being assessed:

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

Impairment of mind or brain:

Does this person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works?

(Impairment or disturbance may be temporary or permanent.)

Yes ☐ No ☐

Provide evidence

Capacity to decide:

Assess whether their impairment or disturbance of the mind or brain means that this person is unable to make the decision in question at the time it needs to be made.

Can this person:

- | | | |
|---|-----|----|
| a) understand the information relevant to the decision? | Yes | No |
| b) retain that information? | Yes | No |
| c) use or weigh that information as part of the process of making the decision? | Yes | No |
| d) communicate their decision (whether by talking or any other means)? | Yes | No |

Yes	No
<input type="text" value="Y"/>	<input type="text" value="N"/>
<input type="text" value="Y"/>	<input type="text" value="N"/>
<input type="text" value="Y"/>	<input type="text" value="N"/>
<input type="text" value="Y"/>	<input type="text" value="N"/>

NB: If a person cannot do one or more of these four things then they are unable to make the decision.

Provide evidence of this person's ability in relation to each of these four elements:

Outcome of Mental Capacity Assessment:

On the balance of probabilities, there is a reasonable belief that:

This person **has capacity** to make this decision at this time:

Or: This person **does not have capacity** to make this decision at this time:

Yes	No
<input type="text" value="Y"/>	<input type="text" value="N"/>
<input type="text" value="Y"/>	<input type="text" value="N"/>

Assessor

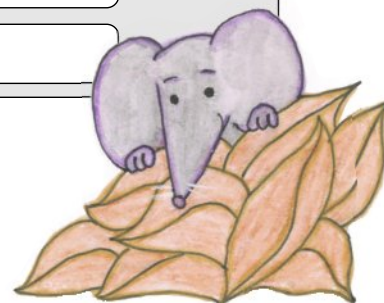
Designation

Signed

Date

Time

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Using the Mental Capacity Assessment form

It is very important that anyone who is to receive reflexology has consented to it. If they are over the age of 16 and there is any doubt about their mental capacity to make a decision with respect to consent then an assessment must be made. If the outcome of that assessment is that the person does not have the mental capacity to make an informed decision then consent must be sought from an appropriate third party using the separate letter and form provided.



The Mental Capacity Act 2005 states that anyone can assess another person's mental capacity especially in relation to day to day decisions and simple decisions.

Practitioners must abide by the following five statutory principles when making an assessment:

1. A person must be assumed to have capacity unless it is established that he/she lacks capacity (by undertaking capacity assessment).
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done or made in his/her best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

This form is designed to help you to assess and document a person's mental capacity, giving due regard to the Mental Capacity Act 2005.

