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| --- | --- |
| Name 1:Date of Birth / / M/FRelationship to Name 2: | Name 2:Date of Birth / / M/F |
| Address 1:Email:Phone:Profession:Stress levels Low Medium HighDetails: | Address 2 (if different to 1):Email:Phone:Profession:Stress levels Low Medium HighDetails: |
| Medical History:Pregnant Y/N No. of weeks:Current Issues | Medical History:Pregnant Y/N No. of weeks:Current Issues |
| Medication taken: | Medication taken: |
| GP Address: | GP Address |
| Skin type: | Skin Type: |
| Allergies: | Allergies: |
| Reason for attending this workshop | Reason for attending this workshop |
| Any other information you think might be relevant: |
| Preferred medium: Plain foot wax (contains beeswax) Bringing my own balm/ cream Aromareflex foot wax Tick up to 3 Lavender Geranium Mandarin  Cedarwood  |
| N.B.This workshop does not lead to qualification. All materials copyright Caroline Svitana |
| The information I have provided is true to the best of my knowledge. Signed: Date:I consent to receiving updates I consent to photo’s being taken/used  | **The information I have provided is true to the best of my knowledge.** **Signed: Date:**I consent to receiving updates I consent to photo’s being taken/used |