# Model Name: _____

## GDPR Authorisation

As of 25th May, new EU legislation, GDPR or GENERAL DATA PROTECTION REGULATION became effective.

This concerns everyone, and you, as the consumer, have rights to your data and what businesses do with it. Within the terms specified by the GDPR legislation, we need you to complete the form below to give your consent to us to collect, use and store your personal data.

I confirm that I understand how you use and store data and I give my permission to the business to collect, handle and store my personal data for treatment and appointment purposes in accordance with the GDPR guidelines, effective 25th May 2018.

☐ Yes ☐ No

I agree that you can contact me for marketing purposes (such as monthly newsletters and details of any special offers etc.) and appointment reminders via email, telephone and/or text.

☐ Yes ☐ No

I agree that you can store and use any photographs taken of my treatment.

☐ Yes ☐ No

**Model Signature:** _____     **Date:** ____/____/____

## Covid-19 Consent

| | |
|---|---|
| I am suffering from a fever. | ☐ Yes ☐ No |
| I am suffering from shortness of breath. | ☐ Yes ☐ No |
| I am suffering from loss of smell or taste. | ☐ Yes ☐ No |
| I am suffering from a dry cough. | ☐ Yes ☐ No |
| I am suffering from a running nose. | ☐ Yes ☐ No |
| I am suffering from a sore throat. | ☐ Yes ☐ No |

**Model Signature:** _____     **Date:** ____/____/____

## Model Declaration

I understand the treatment will be performed by a training practitioner who is in a learning environment.

I understand that the cost of the treatment has been heavily discounted.

I understand the risks associated with the treatment being performed by a training practitioner and will not seek financial gain or compensation if the results are not expected.

I understand the results are not guaranteed and I consent to being a model under these terms

**Model signature:** _____     **Date:** ____/____/____