

ART THERAPY ON THE SPECTRUM

CONSENT FORM

Workshop Date & Time:

Name:

Age:

Email:

Contact Number:

☐

I give permission for myself to be photographed during the workshop, for the purpose of social media and use on the Juizbeggy Creations website.

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I give permission for my artworks to be photographed for the purpose of social media and use on the Juizbeggy Creations website.

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I have a medical condition/allergies and I have attached/listed the details below.

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On a scale of 1-5 (1 being the least and 5 the most), how much would you like to grow your friendship group?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

On a scale of 1-5 (1 being the least and 5 the most), how much would you like to explore how art therapy can help with anxiety?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

On a scale of 1-5 (1 being the least and 5 the most), how comfortable are your talking in a group situation?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

On a scale of 1-5 (1 being the least and 5 the most), how much do you like to do things that are creative.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please list anything in particular you would like to gain by attending any of the Art Therapy On The Spectrum group sessions.

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Name:

Signature:

Date: