

# EXPECTING MUMS WORKSHOPS

## CONSENT FORM

Workshop Date/s: .....

Full Name: .....

Age: .....

Email: .....

Contact Number: .....

☐

I give permission to be photographed working through activities, for the purpose of social media and use on the Juizbeggy Creations website.

☐

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

☐

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

.....

.....

.....

.....

.....

.....

.....

On a scale of 1-5 (1 being the least anxious and 5 the most), how do you rate your current anxiety levels about giving birth?

①      ②      ③      ④      ⑤

On a scale of 1-5 (1 being the least anxious and 5 the most), how do you rate your current anxiety levels about adding a new little person to your family?

①      ②      ③      ④      ⑤

On a scale of 1-5 (1 being the least anxious and 5 the most), how do you rate your current anxiety levels about this new season in your life?

①      ②      ③      ④      ⑤

On a scale of 1-5 (1 being the least anxious and 5 the most), how do you rate your current anxiety levels about having the support you need?

①      ②      ③      ④      ⑤

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

.....

.....

.....

.....

.....

Name: .....

Signature: .....

Date: .....