

MUMS AND BUBS WORKSHOPS

CONSENT FORM

Workshop Date/s:

Mother's Name:

Mother's Age:

Child's Name:

Child's Age:

Email:

Contact Number:

☐

I give permission for myself and my child/children 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 or my child/children 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 smooth has the transition been introducing a new child into your world?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

On a scale of 1-5 (1 being the least and 5 the most), how do you rate your confidence in being a new mum?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

On a scale of 1-5 (1 being the least and 5 the most), how often are you able to sit and enjoy time holding and nurturing your baby.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

On a scale of 1-5 (1 being the least and 5 the most), how do you rate your general happiness during a typical day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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

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Name:

Signature:

Date: