A picture containing text

Description automatically generated**HEALTH QUESTIONNAIRE**

**Please complete this form if you are attending a class, workshop, training or event run by the BWY or a BWY teacher, and whether it is delivered online or face-to-face.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please read the disclaimer overleaf as by participating you are agreeing to its contents.**  You are responsible for your own health and wellbeing at all times and are recommended to communicate any queries or concerns with your tutor. The purpose of this document is to ensure those leading you in yoga are informed about how to best support you. It is entirely up to you what information you disclose and you may leave any sections blank.  Please take care when filling in this questionnaire and check the contents are accurate before you submit it.  Any information you provide will be used and stored in line with the BWY Privacy Policy and GDPR Regulations. | | | | |
| **Name:** |  | | | |
| **Pronouns:** |  | | | |
| **Address:** |  | | | |
|  | | | |
| **Mobile:** |  | | | |
| **Email:** |  | | | |
| **How long have you practised yoga?** |  | | | |
| **If you are pregnant, how many weeks?** |  | | | |
| **Emergency contact name and relationship to you:** |  | | | |
| **Emergency contact telephone:** |  | | | |
| **HEALTH & MEDICAL INFORMATION:**  **Please provide details of any major health problems you have had in the past or are currently managing.**  This might include high or low blood pressure, recent surgery, epilepsy, diabetes, serious injury or accident, asthma, ulcers, hernias, arthritis; problems with your back, heart, knees, eyes, ears or mental health. | | | | |
|  | | | | |
| **WELLBEING & INCLUSIVITY:**  Is there anything we can do to make the yoga environment more comfortable for you? Are there any adjustments we can make so that the class/event/training is as safe, inclusive and accessible as possible? | | | | |
|  | | | | |
| **Please use the box below for any other information you would like to share with your tutor:** | | | | |
|  | | | | |
| **Please tick box below if you DO NOT wish to declare physical and/or mental health information:**  It is your right to withhold information. We must inform you that if you do not disclose your health status, your tutor cannot give modifications or alternatives for physical conditions that have not been declared and will be unaware of anything that might cause emotional distress or otherwise exacerbate any mental health issues. | | | | |
| **I do not wish to declare information about any aspect of my health:** | | | |  |
| **HAND-ON ADJUSTMENTS:**  For some, hands-on adjustments can be a valuable learning aid and the assistance is welcome. We recognise that for others, this can be unwelcome and/or traumatic. We would like to give you the opportunity to inform your tutor that you do not consent to receive hands-on adjustments.  NB you may inform your tutor of your wishes at any time regardless of anything you have documented here. | | | | |
| **I do not want the tutor to give hands-on adjustments:** | | | |  |
| **I give my permission for the tutor to give appropriate hands-on adjustments:** | | | |  |
| **DISCLAIMER - PLEASE READ CAREFULLY:**  **By submitting this form you are confirming the contents are true and accurate to the best of your knowledge and are indicating your understanding and acceptance of the following:** | | | | |
| Neither your tutor nor the British Wheel of Yoga (BWY) are qualified to express an opinion that you are fit to safely participate in any BWY or BWY teacher-led events, classes or trainings. You must obtain professional or specialist advice from your doctor before participating if you are in any doubt.  All BWY teachers, Accredited Training Organisation teachers, Recognised Teachers and Tutors and BWY CPD tutors are appropriately qualified with high standards of teaching and best practice. Where possible, your tutor may offer modifications, adjustments and practices to suit different levels of experience and ability.  Where you are taking part in live online events, the tutor may not be able to always see you. Where you have declared a health condition, please contact the tutor before the event if you would like to request suitable modifications or adjustments, wherever possible. Please note that for recorded events, you will not be able to request specific adjustments or modifications and there will be no interaction with the tutor.  However you participate, follow the tutor’s guidance and always listen to your body. If any practice is beyond your experience or ability, feels too difficult, or you experience any physical or emotional discomfort or pain, do not continue.  Please wear appropriate clothing for the type of practice you will be doing and if practising at home, ensure the area you are in is free from hazards.  Your tutor will assume you have no existing health conditions or other information to declare, if, prior to taking part, you do not submit:   1. this questionnaire and return it to your tutor, or 2. your BWY online health questionnaire in your profile.   Where you fail to submit the health questionnaire or declare a health issue to your tutor or to BWY via another form of communication, neither your tutor nor BWY will be responsible should an issue arise as a result.  Please contact your tutor if your circumstances change or you have any concerns prior to taking part. | | | | |
| **Signature** (if online, please type your name): | |  | | |
| **Date:** | |  | | |
| **GDPR Statement**  Any information you provide in this form will only be held on file for the purpose of your tutor/event organiser carrying out their role and when you have given permission.  In order to comply with General Data Protection Regulations, please indicate below if you agree that your contact details may be retained by and for BWY and your tutor/s to send you information they think may be useful to you, including training, events and relevant updates. Your data will not be shared with any third parties without your consent. | | | | |
| **I would like to hear from the BWY and/or tutor about events, classes or trainings:** | | | YES/NO | |
| **Please indicate your preferred methods of communication:** | | | **Email:** YES/NO  **Post:** YES/NO  **Telephone:** YES/NO | |