

## Workshop Application

**IN SAFE HANDS – Massage workshops and individual sessions with Nuro Weidemann**  
@ Holistic Health Clinic, 53 Beaconsfield Rd, Brighton BN10 7RJ, 07931 790 666.

1. Seated Back Massage Workshop, Saturday, 11am – 1pm, £10  
20th January, 31st March or 19th May 07, at the Holistic Health Clinic, Brighton

*This short two hours workshop will teach you how to give a simple but very effective and relaxing back/neck and shoulder massage while seated in a chair. A great tool for everybody.*

2. Back, shoulder & neck massage workshop, Saturday, 10am – 4pm, £50  
10th February, 21st April or 23rd Jun 07, at the Holistic Health Clinic, Brighton

*Always wanted to feel more confident given a back massage to your friends or family? In a supportive and nurturing environment you will learn the basic massage strokes and how to apply them on the back, neck and shoulders. Each day is complete in itself. No previous knowledge is required. Just come along and enjoy the day.*

*Yes, I would like to participate in the following workshop:*

Name of Workshop: .....  
Date of Workshop: .....

1<sup>st</sup> Participants name: .....  
Address : .....  
Email : ..... Phone : .....

2<sup>nd</sup> Participants name: .....  
Address : .....  
Email : ..... Phone : .....

Cancellation policy:  
All workshop fees are non refundable other than with a medical certificate . In the unlikely event of workshop cancellation, or your application being denied, all fees will be returned.  
I have read and agree to abide the cancellation policy.

Signed: ..... Date:  
.....

Confidential Health questionnaire

## Confidential Health Questionnaire for the Massage Workshop



Participants Name:

Date:

Please take a moment to answer the following questions and send it back by email or send ASAP to

**'In Safe Hands' c/o Nuro Weidemann**  
**119 Firle Road, Peacehaven E.Sussex BN10 7RJ**

Use an extra sheet of paper if needed.

1. GP's name and address:

2. Are you currently receiving any medical treatment?  
If yes, what for:

3. Are you currently seeing a complementary health practitioner?  
If yes, what for:

4. Do you have any physical or psychological condition that could affect your participation on the course?

5. Are you on any medication?  
If yes, what kind:

6. Have you ever had, or still have any of the following conditions (please circle)?  
Allergies, Asthma, Arthritis, Athlete's foot, Cancer, Eczema, Epilepsy, Fractures (if yes where and when), Heart conditions, Immune deficiency disease, Knee problems, Psoriasis, Recent operations, Repetitive strain injury, Spinal injury, Varicose veins (if yes where?) Verrucaes.

Please give details if needed:

7. Have you ever had a massage, if yes what kind?

8. Please write a short paragraph on why you would like to attend this workshop.