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**British Wheel of Yoga  
GENERAL HEALTH QUESTIONNAIRE for attendees at BWY CPD days and training events   
 Revised 20th February 2023**

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| *For completion by yoga class/workshop/training event participants for either face to face or remote teaching. All information given will be treated in the strictest confidence and stored in accordance with General Data Protection Regulations.* ***It is entirely up to you what, or how much, information you disclose. You can leave all or any sections blank, but we draw your attention to the disclaimer overleaf because you must be responsible for your own health if you do not disclose.*** | |
| **Name:** |  |
| **Address:** |  |
|  |
|  |  |
| **Mobile** |  |
| **Email:** |  |
| **Emergency Contact:** |  |
| **RELEVANT HEALTH PROBLEMS:**  **Have you had any major health problems in the past or are you currently dealing with the medical profession?**  Such problems might include high or low blood pressure, recent surgery, epilepsy, diabetes, serious injury or accident, asthma, ulcers, hernias, arthritis, problems with the back, the heart, knees, eyes, ears or mental health.. | |
| **Please give further information on any issues indicated above that you want to make your tutor aware of, or anything else that you wish to bring to your tutor’s attention:** | |
| **How long have you practiced yoga?** |  |
| **If you are pregnant, how many weeks?** |  |
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| **Please tick this box if you DO NOT wish to declare physical and/or mental health information:**  *It is your right to withhold information but 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.* | |  |
| **Is there anything else you would like to tell your tutor:** | | |
| **Disclaimer *Please read carefully; your submission of this form will be taken to indicate your understanding and acceptance of the following:*** | | |
| *Please take care when filling in this questionnaire and check the contents are accurate before you submit it. By submitting the questionnaire, you are confirming that the contents are true and accurate to the best of your knowledge. Please notify your tutorof any changes to your responses in this healthcare questionnaire before participating in events subsequent to those changes.*  *Neither your tutor nor the British Wheel of Yoga are qualified to express an opinion that you are fit to safely participate in any British Wheel of Yoga organised sessions or events. You must obtain professional or specialist advice from your doctor before participating if you are in any doubt.*  *All British Wheel of Yoga, Accredited Group teachers, Recognised Teachers and tutors, and BWY CPD tutors are appropriately qualified, with high standards of teaching and best practice. Where possible, yourtutor may offer suitable modifications or adjustments and practices to suit different levels of experience and ability.*  *Where you are taking part in live-streamed events, please note that the instructor may not be able to see you at all times. Where you have declared a health condition, please contact the tutor before the event if you would like to request that you are provided with suitable modifications or adjustments wherever possible. Please note, where you are taking part in a pre-recorded event, you will not be able to request specific adjustments or modifications.*  *In all events whether face to face, live streamed remote or pre-recorded remote, always follow your teacher’s safety instructions and listen to your body. Where a movement or session is beyond your experience or ability, feels too difficult for you, or you experience any physical or emotional discomfort, please do not continue.*  *If you do not return this questionnaire to your tutor prior to taking part in one of our events, your tutor will assume that you do not have any existing health conditions or concerns to declare. Please contact your tutor immediately if your circumstances change or speak with the tutor prior to taking part in the event if you have any concerns. Your tutor will be unable to make modifications or adjustments to the exercises for health conditions or concerns that are not declared. Your tutor will not be responsible where you fail to return the health questionnaire, or where you do not declare a health condition to your tutor or to BWY (whether by returning the questionnaire or in some other communication), and an issue arises as a result.* | | |
| **Signature** *if using a printed out paper copy: Otherwise indicate with a tick or X* | …………………………………………………………………………………  I confirm my understanding and acceptance of this health questionnaire and its disclaimer: | |
| **Date:** |  | |

**GDPR Statement**

In order to comply with the General Data Protection Regulations, it is necessary for me to check whether or not you are happy for me to retain your contact details, and to send you information that I think may be useful to you, including training and events, and relevant updates. I only hold information when it is necessary to do so in order for me to carry out my work, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, please will you indicate below, your agreement, or otherwise, to the following means of communication:

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| --- | --- | --- |
| **Email: YES/NO** | **Post: YES/NO** | **Telephone: YES/NO** |

Revised 23.02.23