

## 4.5. Models Agreement and Privacy Form

*This declaration template for models is derived from templates provided by Jannie and Jan*

ScarWork Modell Declaration

Date \_\_\_\_\_

### a. Introduction

Thank you very much for assisting our students by volunteering as a ScarWork 'model'. Please fill in and return your form below, by email. This form is intended to better understand you and your scars. Overall, ScarWork not only will address your scars, but also the impact such scars will have on your entire body. The information ask for below will help us to better understand your current health status.

As part of being a model, you will be receiving work to your scars and adhesions free of charge and under supervision. The students are all professional, practising therapists. The work they do on you will be kept confidential.

Please note that you may be worked on by both male and female students. If you do not want to be treated by someone not of your gender, let me know in advance.

### b. Personal Data

Name:
DoB:
Phone:
E-mail Adress:

These information will be used to reach out to you in case of any change or update.

### c. Your Current Health Situation

Please select your self-assessment about your current general health situation:

1 = poor 2 = so la-la 3 = average 4 = good 5 = excellent

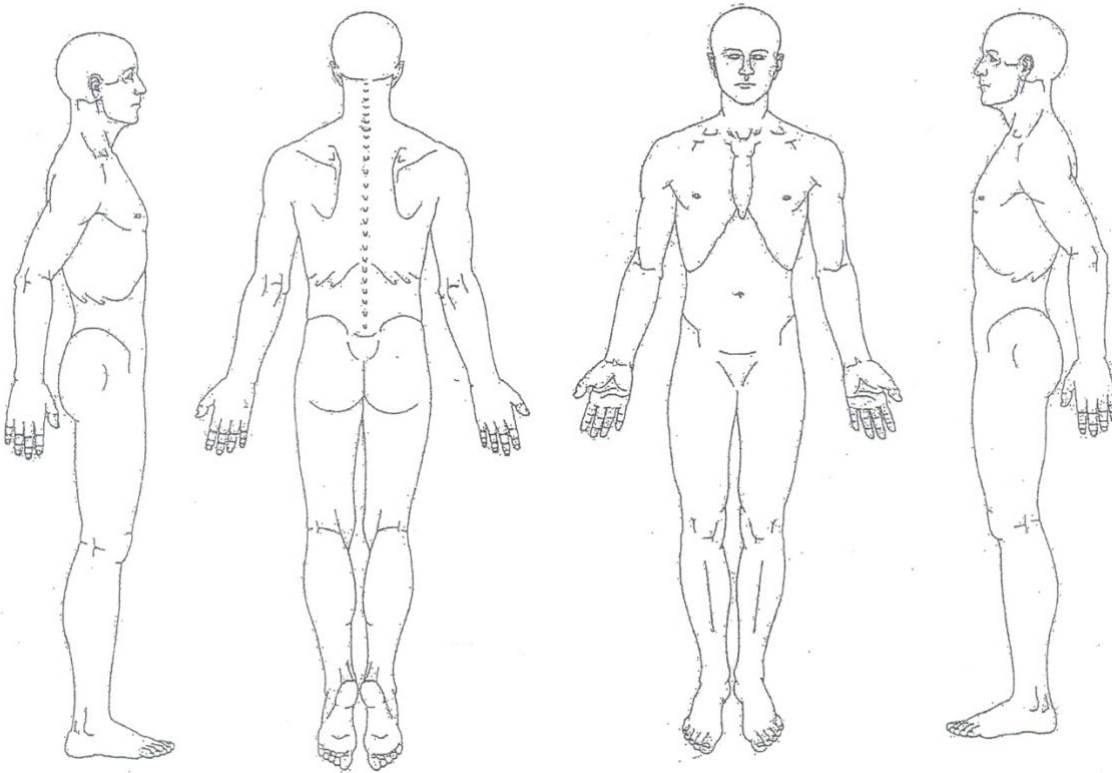
### d. Your Scars

Kind of Scars ?

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-----  
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Where are your scars

-----  
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Please circle/draw

How old are your scars ?

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Cause of your scars?

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-----  
-----  
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Impact of your scars?

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-----  
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Have any of these scars received treatment previously?

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Are there any medical devices we need to know?

- Cardiac Pacemaker     Intrauterin pessare                       Screws  
 tube / pipes                       plates                                       Piercings  
 Other: \_\_\_\_\_.

Your expectation on ScarWork treatment?

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What kind of improvement you hope for?

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**e. Pictures**

We will ask if we may photograph the scar(s) before and after treatment. It is important to our students to match your scars before and after our treatment. Therefore it will be a great benefit to you and your practitioner to take pictures before and after each session. We will respect your privacy rights in all matters with regard to your pictures and any use of your pictures will be subject to your prior consent.

We may also ask you if the photos and your history can be used to promote ScarWork – this can be anonymously or with your name attached, but the decision is yours. There is no obligation to provide photographs or testimonials.

Do you agree to take pictures of your scars before / after treatment ? ----- Yes / No

**f. Others**

Anything else we should know about you or your scars ?

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**g. Declaration**

I acknowledge that I have read and understood this ScarWork Modell Declaration and Privacy Statement and I hereby declare my consent to this declaration.

Date, Signature:

## Privacy Statement

To be updated / reviewed per country / legislation where the class will be held.

**4.6. Models Info Form**

*This info form template for models is derived from templates provided by Jan*

Dear Model

Thank you for coming for work with my supervised students on the Sharon Wheeler’s ScarWork course.

Just to confirm that the venue information is here:

[Hall for Hire, Waltham St Lawrence \(nevillehall.co.uk\)](http://nevillehall.co.uk)

[Ideally follow Google Maps, as normal sat navs seem to not be as accurate. Neville Hall is in the centre of the village, opposite the Bell Inn.](#)

<b>Your session/s is/are:</b>	<p><b>1. Demonstration model for tutor: Wed May 24th, 10.00 - 11.00</b></p> <p><b>2. General Session with students 2: Wed May 24th, 11.15 - 13.15</b></p>
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**Please remember to bring your clean socks/indoor shoes, and a sheet, blanket and two pillows.**

Please arrive 15 minutes earlier than your start time. Refreshments are available on arrival. Plenty of free parking at the venue.

Wear clothes that provide relatively easy access to the scar – nothing restricting. We are careful to give you as much privacy as possible.

**N.B.** Ensure that after the treatment you have a few days with no physical strain, strong exercise or heavy lifting, to allow the work we do to settle down and integrate.

**Please can you email me back to confirm that you will be there? Once we have you booked in we are relying on you, so if you need to cancel due to an emergency please let me know as quickly as possible, thank you very much.**

We look forward to meeting you and helping you with your scar.  
Kind regards

**Your Teacher**

**4.7. Consent Form**

*This consent form template for models is derived from templates provided by Jan,*

**CONSENT FORM for use of images/case studies/testimonials**

NAME.....

ADDRESS.....

.....

EMAIL..... TEL NO.....

**All photos/testimonials/case studies will be anonymous unless you agree otherwise, and no identifying photographs would ever be used without your express permission.**

I confirm that I am happy for my medical history/testimonial/ photographs to be used as a case history for publicity and promotional purposes:

- a. In/on websites and in social media
- b. Youtube
- c. In leaflets and flyers for general distribution
- d. In articles in newspapers/magazines
- e. In talks/lectures to therapists and public

**(Please cross out any that do not apply)**

**Please tick** if you would be happy to be interviewed for Radio ..... and/or Television .....

**Please write below the name you would like us to use (e.g. full name, initials, etc):**

.....

**SIGNED:** ..... **DATE:** .....

**Please use the space below to give us some initial feedback on your experience receiving ScarWork; we may use this as permitted by you above, thank you:**