***Moray Hydrotherapy Pool (MHP) Data Privacy Notice***

*General Data Protection Regulations (GDPR)*

*To help the MHP board provide its services, clients are asked to provide information of two types.*

*In Section 1 below -the first type of information will be your name, address, email address and phone number(s). This information will be shared with the reception desk at Forres Pool to allow them to manage session bookings.*

*The Board of MHP will also use this information to contact clients about the services provided by the Pool and to help the Board manage these services.*

*In Section 2 on the reverse of the form, you will be asked to supply details of your medical condition(s) to help the therapists assess your suitability for Hydrotherapy and to plan your treatment. This is sensitive personal information seen only by the therapists and is not shared with anyone else including the Board.*

*All information will be stored securely, will not be shared with any other body or organisation, will only be used for the purposes of provided Hydrotherapy treatment to clients and will be kept only for as long as you remain a client of Moray Hydrotherapy Pool.*

*If you have any questions about this policy or wish to review, change or delete any of your information please contact:* webmaster@morayhydrotherapypool.co.uk

SECTION 1

|  |  |
| --- | --- |
| name: | date of birth: |
| address: | telephone day:  |
|  | evening: |
|   | mobile: |
| email: |

|  |
| --- |
| *What is your main reason for wishing to attend The Moray Hydrotherapy Pool?* |

*If you need assistance to enter the water, or in the water, please specify*:

 (If you have a carer and need them to join you in the water, they are required to come with you to your appointment and to have completed a Health Questionnaire**).** From 1st May 2018 users of the pool who require a carer in the pool can only do so for free if they have a National Entitlement card with C+1 in the bottom right hand corner. If there is no C+1 the carer (companion) must pay the full session charge to enter the pool. Application for cards can be obtained through any Local Authority and library.

Please turn over to complete SECTION 2

 STAFF USE ONLY

|  |  |  |
| --- | --- | --- |
| Screened by: | Date: | Recommended: Assessment / Induction |
| Date/Time of Assessment:  | Assessment by: | Comments |
| Date/Time of Induction: | Inducted by: |

SECTION 2

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO |  |
| *Can you swim?* |  |  | *How comfortable are you in the water ?*  *Circle or Tick* |
| *Do you experience shortness of breath whilst at rest?* |  |  | 1 Very Uncomfortable | 2 | 3ReasonablyComfortable | 4 | 5Very Comfortable |
| *Do you have Angina at rest?**(i.e., chest pains)* |  |  | *How fit do you rate yourself?* |
| 1 Unfit | 2 | 3 Reasonably Fit | 4 | 5 Very Fit |
| *Over the past 3 months have you had a:* *Stroke**Heart Attack**Deep Vein Thrombosis**Pulmonary Embolism* |  |  | *If you are \*pregnant, how many weeks pregnant are you?* |  wks |
|  |  |
|  |  | *What is your approximate weight?* Stones/Lbs or Kgs |  |
|  |  |
| *Do you suffer from any bowel incontinence?* |  |  |  |
| *Please list any known medical conditions & recent surgeries or treatment, with relevant dates:**(e.g., diabetes, asthma, epilepsy, kidney problems, arthritis, joint replacements, radiotherapy, skin conditions and anything else which may be relevant).* |
|  |
| Please ensure that you inform the staff in the future if you have received radiotherapy, other treatments or develop any skin conditions. Also inform them if you become pregnant because Hydrotherapy is not advised for the first 16 weeks of pregnancy\*. Do not enter the pool if you have or experience vomiting or diarrhoea within the previous 48 hrs. |
| *I have answered the above questions to the best of my knowledge.* *I agree to my data being used as described in the Data Privacy Notice on this form.**I have read and undertake to meet ‘The Moray Hydrotherapy Pool User Guidelines’.* |
| Signed  |  Date |