



SPMU/PMU CONSENT FORM

The following medical information is confidential and belongs to GOSH GOSH PERMANENT MAKEUP & TRAINING ACADEMY. This is required for the benefit and safety of the client in obtaining any or all ocedures performed by the service provider. Please read and fill out all the information carefully. We hope you have a pleasant experience and we thank you for your cooperation.

Please circle the correct statement:

I am a client

I am a model for a student

PERSONAL / CONTACT DETAILS

Full Name(in capitals) _____ D.O.B _____

Mobile number _____ Email _____

Address _____ Postcode _____

TREATMENT DETAILS

Date of the 1st treatment _____ / _____ / _____ Total price £ _____

Treatment(s) _____

Color/pigments used _____

Device and needles configuration used _____

Additional notes _____

Follow up procedures _____

Client/Model Signature _____ **Date** _____

MEDICAL INFORMATION

Are you currently under the care of a doctor or hospital specialist? Please circle.

YES

NO

If yes, please list the relevant details of your doctor and your condition:

Have you recently undergone or plan to have any elective or necessary surgery? Please circle.

YES

NO

If yes, please state: _____

Please circle all medical conditions that apply to you:

- | | | | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|----------|--------------------------|---------------------|--------------------------|
| Pregnant | <input type="checkbox"/> | Blood clotting disorders | <input type="checkbox"/> | Eye disorders | <input type="checkbox"/> | Scars | <input type="checkbox"/> | Major heart issues | <input type="checkbox"/> |
| Alopecia | <input type="checkbox"/> | Diabetes type 1 | <input type="checkbox"/> | Hyperpigmentation | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Iron deficient | <input type="checkbox"/> |
| Anemia | <input type="checkbox"/> | Organ transplants | <input type="checkbox"/> | Keloid scarring | <input type="checkbox"/> | Blisters | <input type="checkbox"/> | Infectious diseases | <input type="checkbox"/> |
| Eczema | <input type="checkbox"/> | Lung disease | <input type="checkbox"/> | Herpes simplex | <input type="checkbox"/> | Lupus | <input type="checkbox"/> | Dry eye syndrome | <input type="checkbox"/> |
| Psoriasis | <input type="checkbox"/> | HIV Positive | <input type="checkbox"/> | Breastfeeding | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | Hemophilia | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Respiratory problems | <input type="checkbox"/> | Contact lenses | <input type="checkbox"/> | Vitiligo | <input type="checkbox"/> | Hepatitis C | <input type="checkbox"/> |
| Glaucoma | <input type="checkbox"/> | Skin disorders | <input type="checkbox"/> | Fainting Attacks | <input type="checkbox"/> | Fever | <input type="checkbox"/> | Venereal disease | <input type="checkbox"/> |
| Shingles | <input type="checkbox"/> | Wounds healing problems | <input type="checkbox"/> | Other _____ | | | | | |

Please circle if you are taking any of the following medications:

- Accutane Anti-Coagulant Ibuprofen Aspirin Antabuse Antibiotics Insulin
Steroids Antidepressants Blood Thinners Other _____

Please circle if you have any of the following allergies:

- Lidocaine Anesthetic Medicine Lanolin Food Nickel Latex Other _____

Please circle the correct statement:

- Do you have any imminent holiday plans? YES NO
Do you have or are you planning to have any Injectables, Botox, Fillers or Chemical peels? YES NO
Do you have any tattoo or semi-permanent/ permanent make up already? YES NO
Have you performed any cosmetic treatments (nails, eyelashes, tattoo) in another salon in the last 6 months? YES NO
Have you used dental services in the last 6 months? YES NO

I understand the importance of my accurate and complete medical history and that withholding any medical information may be detrimental to my health and safety during the procedure. I understand that **if there is any change in my medical history, it is my responsibility to advise my specialist before every follow-up or other procedures.** YES NO

Client/Model Signature _____ **Date** _____

Allergy (Consent/Waiver) Form - Please circle the correct statement:

- I have undergone/been offered an allergy test prior to my initial treatment and thereby release the technician from any liability related to any allergic reaction or other reaction to applied pigments or other products used during and after the procedure. YES NO
- I am familiar with the Terms & Conditions, Policies and Eligibility Check on technician's official website and I accept them all. YES NO
- I am familiar with the Pre and Post Advice on the technician's official website and if any problem occur, I will contact the technician directly and immediately. YES NO
- I understand that all needles and machine parts used are individually wrapped, sterile and are disposed of after each client. I accept that whilst in the treatment room universal precautions are taken, but that my risk of infection begins as soon as I leave the treatment room. YES NO
- I agree to pay the sum agreed at the end of my treatment and there are NO REFUNDS. YES NO
- I understand that all SPMU/PMU Procedures are multi-session processes. An initial application is incomplete until after a follow-up appointment(s), which need to be scheduled 1-3 months after the initial appointment. It is my responsibility to make an appointment in time for the touch-up. YES NO
- I confirm that I will agree on the pigment colours and final shape prior to any work commencing and that the technician will keep a log of the colours chosen by myself and/or by technician for my required procedure. All this information will be logged on file to assist with further visits. YES NO
- I understand that all colours look intense for a few days after the procedure and fade up to 50% during the healing process, which includes black pigments for eyeliner procedures, which fade into grayish/navy colors. YES NO
- I understand that micropigmentation can be difficult and every client heals differently. I may require additional work (2nd touch-up), which I understand, is chargeable. Results vary, as there might be a poor retention of pigment, which the technician is not responsible for. YES NO
- I am aware of all the possible complications and/or side effects of the treatment (swelling, redness, allergic reaction, infection, herpes, bleeding, spreading/migration of pigments, damage to hair follicles, scarring, poor colour retention, colour turning cooler or warmer than expected, uneven pigment distribution). YES NO
- I understand there are no guarantees to the success or longevity of my treatment. YES NO
- I confirm to strictly adhere to the after care instructions given to me and only use the after-care products given/advised to me by the technician (improper aftercare greatly affect results). YES NO
- I understand that if I have an MRI or CAT scan, I must tell the radiologist that I have cosmetic tattooing. I might experience a slight tingling in the affected area. YES NO
- I fully agree to photographs/videos being taken prior to, during and after the procedure, which will be kept on file and not used for any other purpose. YES NO
- I agree for my photos/videos to be used for advertising and marketing purposes on social media sites and on webpages but also for future teaching materials and other lawful purposes. YES NO

Client/Model Signature _____ **Date** _____

Important

All semi-permanent procedures require touch-up(s), unless you are happy with a single procedure. I highly recommend that they need to be done between 1 to 3 months after the first procedure. The cost of each touch up in this time frame is lower than the cost of the full procedure. It is your responsibility to make a follow up appointment in time (please keep in mind that sometimes I have a few weeks waiting list so please make an appointment in advance). Any touch-ups done after 3 months from the initial treatment are treated as Color Boost (please check current price list). If you do not return/contact me in the agreed time scale it is deemed that you are happy with a single procedure.

Deposits and cancellations

I require a Non-Refundable deposit on all bookings; this will be deducted from the price paid at the end of the appointment. I need a minimum of 48 hours notice to reschedule/cancel any appointments for any reason. Failure to give at least 48 hours notice will result in the deposit being forfeited and you will need to pay a new deposit to make another appointment. Every deposit needs to be used within 3 months from the date of your first originally booked appointment. I may refuse more than 2 re-booking requests from you without refunding you the deposit.

Confidentiality

You agree that the service provider will keep and process **your personal data** strictly in accordance with the **Provisions of the Data Protection Act 2018** (United Kingdom Act of Parliament which updates data protection laws in the UK. It is a national law which complements the European Union's General Data Protection Regulation GDPR and updates the Data Protection Act 1998) in order to:

- Provide services
- Send emails / SMS with a reminder to visit or issue a bill/invoice

We do not sell any of your personal data; this includes your name, address and email address. However, we share your Personal Information with third parties to help us use your Personal Information.

Your personal data may be disclosed to any of the following:

- In addition, we may disclose information about you if we are required to do so by law or legal process, to law enforcement authorities or other government officials, or to protect our rights

Where applicable, information is shared with third parties who are obliged to observe the confidential nature of such information and are prohibited from using any or all of this information other than for the purpose for which it was provided.

Your personal data will be stored only for the period of using our services and for no more than 5 years from the beginning of the year following the year in which you stopped using our services.

Transferring data internationally

Where we transfer personal data to a country or territory outside the European Economic Area, we will do so in accordance with data protection law.

How you may access your personal data

You may access your personal data and data content; correct, delete or limit processing held by the service provider at any time by making a request to us via our email.

Normally, we will provide a record of your personal data to you via email and we will not charge a fee. If your request is unlawful or may interfere with the privacy of others we may reasonably refuse to provide access to your personal data. If you would like us to update or amend your personal data, please contact us and we will make the requested amendments. We may ask you to verify your identity through full name, and email address to ensure that personal data we hold is not improperly accessed.

If you make a subject access request, and if we do hold information about you, we will:

- Give you a description of it
- Tell you why we are holding and processing it, and how long we will keep it for
- Explain where we got it from, if not from you
- Tell you who it has been, or will be shared with
- Let you know whether any automated decision-making is being applied to the data, and any consequences of this
- Give you a copy of the information in an intelligible form. You may also have the right for your personal information to be transmitted electronically to another organisation in certain circumstances.

Your other rights regarding your data

Under data protection law, individuals have certain rights regarding how their personal data is used and kept safe.

You have the right to:

- Object to the use of your personal data if it would cause, or is causing, damage or distress
- Prevent your data being used to send direct marketing
- Object to the use of your personal data for decisions being taken by automated means (by a computer or machine, rather than by a person)
- In certain circumstances, have inaccurate personal data corrected, deleted or destroyed, or restrict processing
- Claim compensation for damages caused by a breach of the data protection regulations

Dispute resolution and liability

If you have any cause to complain about my services, you agree in the first instance to put your complaint in an email form addressed to the service provider and not to publish (or cause the publication of) your complaint any more widely, whether orally to third persons, in writing to third persons or anywhere on the internet. I will investigate your complaint and give my considered response to it within 30 days of your complaint being received. If you publish (or cause to be published) any defamatory statements about me or any of my services to any third parties (whether using social media or otherwise), then I reserve the right to claim damages against you in defamation proceedings before the court for such sum as I am advised to claim by my legal advisors.

Client/Model Signature _____ **Date** _____

Therapist Signature _____ **Date** _____

SECTION FOR MODELS ONLY

Please fill in below only if you are a model during a training course

Please circle the correct statement:

I understand that I am a model for a student carrying treatment under the supervision and with help of a qualified trainer

YES NO

I understand that the student is learning and some imperfections might happen.

YES NO

I understand that if I would like to have a touch up, that it will be carried out by an advanced technician/trainer at the agreed cost and within 3 months (standard T&C apply)

YES NO

Client/Model Signature _____ **Date** _____

Therapist Signature _____ **Date** _____