**AoR Good Practice Policy ‘Pick and Mix’**

**Your business - Your choice**

When you start a business it is important you have a set of rules or requirements (sometimes called “terms and conditions” or “T&Cs”) that both you and your clients are aware of and abide by. Having a workable policy is simply good practice, and you should mention your T&Cs when your clients make a booking.

For example, if you have a booking form on your website, you could add wording along the lines of:

“By making a booking for a treatment you are agreeing to my Terms and Conditions which are available here <link> “

This document has been put together to make it easy for you to produce a bespoke Good Practice Policy for your personal business. **The top blue area is dependent on you being a current AoR full member** and with the exception of the last statement should remain the same for all members.

The last statement is applicable to those that are registered as a data processor with the Information Commissioner’s Office (ICO).

The second part of the document is a collection of areas that you should include in your day to day policy under good practice. The provided statements are there for you to chose the right ones for your business, or you can chose to write your own statements. However, we suggest that you consider fully what it is that you want in your policy to ensure that you cover all eventualities.

**Good Practice Policy for name of business**

I am a full member of the Association of Reflexologists (AoR). Being a full member of the AoR demonstrates that I have a nationally recognised Diploma in Reflexology.

**As an AoR member:**

I am bound by the AoR Code of Practice and Ethics.

I follow the AoR Good Practice Policy and hygiene guidance to ensure client safety.

I will always be adequately insured for medical malpractice /professional indenmity requirements. The industry standard is in excess of £5 million cover.

I comply with the AoR Continuing Professional Development requirements which ensures my practice is kept up to date.

I am compliant with GDPR data protection, please see my separate GDPR policy. Your information will remain confidential at all times.

As a professional and highly qualified reflexologist with MAR status, I will provide you with the appropriate bespoke treatment and support.

**(IN ADDITION IF YOU ARE ICO REGISTERED)**

I keep data electronically so I am registered with the Information Commissioner’s Office.

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**The next section is designed for you to decide what you want in your personal business good practice policy. These are the terms and conditions for your business and we have provided you with some options, but it is for you to decide what works best for you.**

**My Personal Business Practice Policies:**

**1. The use of Face Coverings (CURRENTLY ADVISED BUT YOUR CHOICE)**

* I will always wear a face covering for every client for the foreseeable future.

ADDITIONAL CHOICE

* My clients will be expected to wear a face covering unless they are exempt, for the foreseeable future.

OR

* I chose to use discretion regarding the wearing of face coverings.

OR (NOT ADVISED UNDER CURRENT GOVERNMENT RECOMMENDATIONS)

* I am happy to treat without myself or my clients wearing face coverings

**2. Appointments (ADVISED)**

* I have health requests of my clients as follows;
  + If you have a cough, a fever or loss of taste and smell or have been in touch with anyone with these symptoms please contact me as we may need to postpone your appointment.

OR

* + If you have been involved in a higher risk activity such as attendance at a large event or air travel, I request that you do not book an appointment within 10 days of the activity.

**ADVISED ADDITION**

* In return I will apply these high standards to myself. Should I feel unwell, unable to treat or it is inadvisable for me to treat, I will explain the situation to you as soon as possible before your treatment.

**3. Fees (ADVISED)**this requires you keep your policy up to date should you change your fees in the future.

* My fees are as follows, they are payable in full at the time of treatment. List the charges:

OR

* My fees are either payable in advance as part of a treatment package or in full at the time of treatment. List the charges:

OR

I reserve the right to choose to use discretion regarding the application of any discounts.

**4. Cancellation Policy (ADVISED)**

* I have a 24 hour cancellation policy. As you are aware my business is dependent on the number of clients I can see in my clinic hours. Therefore if you are unable to make a previously arranged appointment I request that you provide me with at least 24 hours notice. This will allow me the option to re book the time slot with someone on my waiting list.

Less than 24 hours notice may result in a fair-use fee of 50%/ 100%/ 25% (or any other amount. Your business - your choice) of my usual treatment cost. This fee will be required to be settled prior to any future bookings.

**5. Deposits (YOUR CHOICE TO INCLUDE/ APPLY THIS SECTION OR NOT)**

* I request a deposit of 50%/ 100%/ 25% (or any other amount. Your business - your choice) of my usual appointment fee from all/ first time clients. Appointments made under this deposit scheme are able to be rescheduled with more than 24 hour notice. With less than 24 hours notice the deposit will be withheld as stated in my cancellation policy above.

[NB deposits are only deemed non returnable if there have been expenses incurred and to cover actual losses.]

**6.** **Treatment packages (YOUR CHOICE TO INCLUDE THIS OR NOT)**

* I offer the option to book a package of treatments. These are provided at a reduced price as they are paid for in advance.

AND

* These treatments can be booked during my normal working hours with no restrictions.

OR

* These reduced price treatments may only be booked during my off-peak clinic hours.

ADDITIONAL CHOICE

* Where an appointment is booked and missed, my cancellation policy above will apply and an amount will be deducted from those remaining.

ADDITIONAL CHOICE

* These treaments are paid in advance and are fully flexible with 24 hours notice.

ADDITIONAL CHOICE

* These treatments are non refundable.

ADDITIONAL CHOICE

* These treaments are not required to be used within a specific time frame.

OR

* These treatments have to be used within one year/ 6 months/ 5 years.

**7. Vouchers (YOUR CHOICE TO INCLUDE THIS OR NOT)**

* I supply the option to buy vouchers for treatments. These may be given as gifts.

AND

* These treatments can be booked during my normal working hours with no restrictions.

OR

* These treatments may only be booked during my off-peak clinic hours.

ADDITIONAL CHOICE

* Where an appointment is booked and missed, my cancellation policy above will apply and a proportion of the treatment will be deducted from those remaining.

ADDITIONAL CHOICE

* These treatments are paid in advance and are fully flexible with 24 hours notice.

ADDITIONAL CHOICE

* These vouchers are non refundable.

ADDITIONAL CHOICE

* These vouchers are not required to be used within a specific time frame.

OR

* These vouchers are required to be used within one year/ 6 months/ 5 years. (or any other time frame. Your business - your choice)

**8.** **Use of background music**

* I only play Royalty free music within my business and therefore I am not required to have The Music Licence. Unless you are in your own home, I am unable to play your preferred music selection.

OR

* I have The Music licence and so I am able to change what I play as background music, if you have a preferred choice of music or artist then please let me know.

**9. Complementary and Natural Healthcare Council**

**(IN ADDITION IF YOU ARE CNHC REGISTERED)**

* I have chosen to be regulated by the CNHC, my choice to be voluntarily regulated and the extra requirements of me are explained on the CNHC website. <https://www.cnhc.org.uk/>

**10**. **Special Treatment License (GREATER LONDON BOROUGHS ONLY)**

* As a member of the AoR, working under their high standards, I am exempt from requiring a Special treatments licence working within the Greater London Boroughs.

**11.** **Special Treatment Licence (ESSEX/ HEREFORD CITY)**

* Even working under the high standards of the AoR I am still required to have a licence when working from home or at a clinic. I have a Special Treatment Licence with Essex / Hereford County Council.

OR

* I do not require a licence as I work as a mobile therapist.

**12. Provision of additional therapies (YOUR CHOICE TO INCLUDE THIS OR NOT)**

* I offer other therapies in addition to reflexology. I provide these [list] therapies to the same high standard expected by the AoR for reflexology. I also have insurance in place for these additional therapies.

End of Document