

# *Minnie Jeanné Loubser*

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## **RESOURCE THERAPY SOUTH AFRICA**

\_\_\_\_\_ (Date) Intake participants

## **DECLARATION OF INFORMATION & CONFIDENTIALITY**

I \_\_\_\_\_ hereby **declare** that all information regarding the Resource Therapy training material, video recordings and handouts I receive online from Minnie Loubser or her assistant, is for my **personal use only** and will not be shared with any third party.

I further **declare** that all information obtained about other participants, clients of participants or clients of the trainer, during demonstrations or case discussions, will be kept confidential and will not be shared in any form, be it verbal or in writing with any third parties.

I further **declare** that this is my true signature (please make a note if you are signing electronically) on this form.

Signed:

Full Names and Surname:

Date: