**Module 5 – Making the Story Massage Programme work for you**

**Name:  
Date:  
Job title and place of work (if relevant):**

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**To complete the course and receive your certificate, please send your answers to these questions plus an example of a massage story that you have adapted or created to: info@storymassage.co.uk**

1. **Please tick that have read and understood the guidelines for best practice.**
2. **Where are you planning to use the Story Massage Programme?**
3. **What do you consider to be the main benefits of the Story Massage Programme?**
4. **What has been the most personal learning experience of the course?**
5. **What did you like about the course and what parts did you like least?**

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