

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 message 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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