iris cancer partnership

Registered Charity No. SC041853

Deepening the knowledge base of Massage Therapists to enable them to work safely with cancer patients

PRE COURSE EVALUATION FORM

"Lymphoedema Awareness Day"

Please complete this pre course evaluation form in preparation for the workshop and bring it with you to the course

Your Name: (Optional)	
Course Venue:	
Course Date:	

Give a brief description of why a deeper understanding of this topic is important. How would it be helpful to you in your work?

What do you hope to achieve after attending this workshop? Please be as specific as you can.

SKILLS EVALUATION Please rate your confidence level in the following. Be honest with yourself. There are no right or wrong answers.		**Please enter an "X" in the applicable rating box for the Question**				
		Very High	High	Average	Low	Very Low
S1	The structure and function of the lymphatic system					
S2	The effects of massage on the lymphatic system					
S3	Knowledge of the relationship between the lymphatic system and metastasis					
S4	Understanding of the causes of lymphoedema and how to recognise signs and symptoms					
S5	Cautions and precautions with regard to working with clients with lymphoedema					
S6	Identifying and accessing local/national lymphoedema services					

Thank You

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