

Holism & Holistic Healthcare

LEARNING that I enjoyed or valued	What HELPED my learning or development
How I am beginning to THINK differently	Other PLUS points
What I hope to DO differently	What HINDERED my learning or development
What I want to EXPLORE further	Other MINUS points
Extra notes – e.g surprises, confirmations	IDEAS for improving this section

Understanding Health

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The Holistic Practitioner

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The Holistic Consultation

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Holistic Healthcare in Practice

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THE HOLISTIC PRACTITIONER GIVE & TAKE EVALUATION FORM



Name	Date
Any other self-reflection?	Any other feedback for us?

Many thanks for completing this form.  You can upload it on the final page of the course.