

Training Feedback Form

Training Course Completed: Phototherapy Eye Masks Introductory Training				
Date:	Time/Length:	Trainer: Catrin Hollings		
Content		Yes	No	Unsure
Was the course content presented in a logical manner?				
Was the course content and material complete and comprehensive?				
Will this information be useful to you in your job role?				
Relevance		Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?				
Did the course challenge your thinking and understanding of the product/procedure/training area*?				
Do you feel the training is beneficial to your team?				
Trainer		Yes	No	Unsure
Did the trainer communicate and explain the material clearly?				
Did you feel the instructor was knowledgeable in the area covered?				
Did the trainer encourage discussions and questions?				
Comments				
Do you require any further training in this area?				
If so, what would you like this training to cover?				
Further comments:				
Name:				
Date:				

*Please delete as applicable

Phototherapy Eye Masks Competency Questions

Please use your PCs as reference

1. What is Phototherapy and why are Eye Masks used?

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2. What are the names of the brands Viamed currently supply for Phototherapy Eye Masks?

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3. What sizes are available (name/cm)?

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4. If you were purchasing 5 x 1114005, how much postage would you be charged?

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5. Why would you suggest the Neomask instead of the EyeMax2?

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6. Which departments would you expect to see these being used in?

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7. Can Viamed provide training for the Phototherapy Eye Masks?

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