



<p>Full name (GMC no. if applicable)</p>	
<p>Title of Radiology Masterclass course completed</p>	
<p>Date of completing course completion assessment</p>	
<p>Best course completion result achieved stated as a percentage (see attached course completion certificate)</p>	
<p>How many times did you take the course completion assessment? (Note - up to 5 attempts permitted with each purchase)</p>	
<p>How did taking or retaking the course completion assessment change your level of confidence in the knowledge or skills you learned?</p>	
<p>Were the learning outcomes addressed in the online course material? (If not, you are encouraged to offer feedback via the 'contact us' page – thank you)</p>	
<p>What were the benefits of completing the course and the assessment?</p>	
<p>How can you incorporate the knowledge or skills gained into your daily practice?</p>	
<p>Have you identified any further learning needs? If so, how might you address these?</p>	
<p>Any other reflections</p>	