*CERTIFICATE*

**\_\_\_\_(signature)\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name(s) of facilitator(s)
Name(s) of organizing institution(s)**

**Position**

**NAME OF PARTICIPANT**

took part in the Workshop

**NAME OF THE WORKSOP**

The workshop was held in XXX at XXX (venue) from XXX (date).
The workshop was facilitated by XXX (person 1) and XXX (person 2).
The training included (description of contents)
1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The training was organized and accompanied by XXX.

Venue, Date