

Certification Process for *Bridges of Hope* Users

Summary

This certification process is designed to provide well-earned recognition for those who demonstrate their commitment in applying the *Bridges of Hope* tools and techniques to address the HIV/AIDS related issues of different target groups. It also request feedback to help us further enhance and refine these techniques and activities.

Criteria for certification

1. Attend and complete a recognised *Bridges of Hope* Training of Trainers (ToT) programme.
2. Facilitate (or co-facilitate) a minimum of five training sessions incorporating / adapting *Bridges of Hope* activities.
3. Complete and submit a satisfactory report on how you have applied *Bridges of Hope*, using the framework of the next 2 pages (a training session summary table and 6 questions.)

Procedure

Either: Print , complete and send by FAX or post to:

Peter Labouchere
P.O. Box 131, Victoria Falls, Zimbabwe
Fax: +263 13 43254

Or: E-mail peterl@mweb.co.zw to request this as a Word document, so you can complete and return it electronically.

Assessment and Certificates

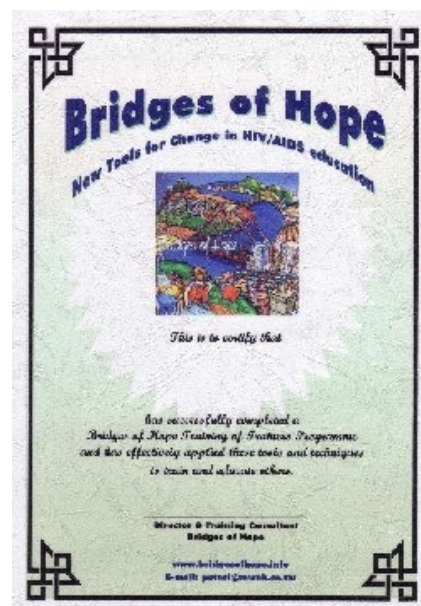
If your report is assessed and approved, you will be presented with a smart signed A4 certificate recognising and appreciating your work to date using *Bridges of Hope*.

If the report you submit is incomplete or provides insufficient evidence for certification, you will be informed what additional information you need to provide or actions you need to take before re-submitting.

Acknowledgement

As well as recognition and acknowledgement from your own organisation, newly certified *Bridges of Hope* Users will also be acknowledged in the subsequent *Bridges of Hope* Newsletter and on the *Bridges of Hope* website: www.bridgesofhope.info.

Extracts from your report, together with any relevant photographs you submit, may also be included, with your agreement and full acknowledgement, on the *Bridges of Hope* website and/or in a *Bridges of Hope* Newsletter.



***Bridges of Hope* Report for Certification**

Your Name:.....
(as you would like it to appear on your certificate)

Position: Organisation:

Address:.....

Tel:..... E-mail:.....

Part 1

Complete a recognised *Bridges of Hope* Training of Trainers Programme

Where did you attend a *Bridges of Hope* Training Programme?

What dates? Facilitator(s):

Part 2

Facilitate (or co-facilitate) at least 5 training sessions incorporating / adapting *Bridges of Hope* activities, each with a different group of at least 5 people

Part 3

Submit a satisfactory report, completing (for at least 5 training sessions) the Training Session Summary Table on the next page, and answering the following 6 questions (on a separate sheet):

1. When using *Bridges of Hope*, what worked well? (be specific).
2. What did not work well? What challenges / difficulties did you have? How did you address these?
3. Describe your most successful session using *Bridges of Hope*. What impact did it have on the knowledge, skills and/or attitudes of participants? What evidence do you have for this (e.g. verbal or written responses or feedback from participants)?
Optional: Include a case study and/or any relevant photographs / images you have.
4. Did you introduce any changes or adaptations? How did these work?
5. What ideas and suggestions do you have to improve the *Bridges of Hope* training materials and/or Users Guide? What should be deleted, changed or added?
6. Any other comments or feedback?

Post to: Peter Labouchere, Bridges of Hope, P.O. Box 131, Victoria Falls, Zimbabwe
or Fax: +263 13 43254 or E-mail: peterl@mweb.co.zw

***Bridges of Hope* Report for Certification - Training Session Summary Table**

Session No	Session Date	Session Duration	Who attended the session? (e.g. work colleagues, a youth group ages 18-25, etc)	How many people in the group?	Who co-facilitated the session with you (if anyone?)	Which <i>Bridges of Hope</i> Activities did <u>you</u> facilitate?
1						
2						
3						
4						
5						
6						
7						

I confirm that, to the best of my knowledge,(your name) has delivered the sessions using *Bridges of Hope* as described in this report.

Name: * Signed:(leave blank if submitting by e-mail)
 Position: Organisation
 E-mail: Tel:

* Should be a senior person in your organisation, or an organisation for whom you delivered several *Bridges of Hope* training sessions, who is familiar with your use of *Bridges of Hope*.