

# Certification Process / Report Form 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 and AIDS related issues of different target groups. It also requests 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 Workshop.
2. Facilitate (or co-facilitate) a minimum of five training sessions incorporating *Bridges of Hope* activities, with different groups of participants. You should use several different *Bridges of Hope* activities, not the same one or two each time. If sessions you run last less than 30 minutes, they will count as half sessions, and you may need to do one or two extra sessions to get certified.
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: Photocopy, complete and send by FAX or post to:

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

Or: E-mail [peter@bridgesofhope.info](mailto:peter@bridgesofhope.info) to request an electronic copy of this *Bridges of Hope Report for Certification* for you to complete and return by e-mail.

## Assessment and Certificates

If your report is assessed and approved, you will be sent 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](http://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: .....

Address:.....

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

## **Part 1**

### **Complete a recognised *Bridges of Hope* Champions Training Workshop**

What dates did you attend a *Bridges of Hope* Champions Training Workshop? .....

## **Part 2**

### **Facilitate (or co-facilitate) at least 5 training sessions incorporating / adapting *Bridges of Hope* activities.**

## **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. These may be used in the next *Bridges of Hope* Newsletter.
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: [peter@bridgesofhope.info](mailto:peter@bridgesofhope.info)

## ***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, ..... (candidate's 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 someone who is familiar with your use of *Bridges of Hope* - your manager, you country's HIV/Wellness programme co-ordinator or a senior person in an organisation for whom you delivered several *Bridges of Hope* training session.