

[INSERT TRAINING AGENCY LOGO/NAME OR LOGOS/NAMES IF JOINT TRAINING]

***Values Clarification for action and transformation Workshop***

***for Abortion Self-Care***

 **Certificate of Participation**

 awarded to

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name

**[city, country] [insert date]**

LOCATION DATE COMPLETED

 VCAT Facilitator VCAT Facilitator