

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

***Abortion Values Clarification for***

***Action and Transformation Workshop***

 **Certificate of Participation**

 awarded to

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

Name

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

LOCATION DATE COMPLETED

 VCAT Facilitator VCAT Facilitator