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## Certificate Request Form

Delivering Organization \_\_\_\_\_

Facilitator \_\_\_\_\_

Course Start Date \_\_\_\_\_ Course End Date \_\_\_\_\_

The following learners have completed all components (all sessions and project) of the Dementia: Understanding the Journey. Please send certificates and lapel pins to me at the delivering organization. *Note: The following information will be kept in a data base for the use of the Dementia: Understanding the Journey Society.*

Learner Name (Print and ensure correct spelling)

- |           |           |
|-----------|-----------|
| 1. _____  | 13. _____ |
| 2. _____  | 14. _____ |
| 3. _____  | 15. _____ |
| 4. _____  | 16. _____ |
| 5. _____  | 17. _____ |
| 6. _____  | 18. _____ |
| 7. _____  | 19. _____ |
| 8. _____  | 20. _____ |
| 9. _____  | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |
| 12. _____ | 24. _____ |

The following people audited the Care Course:

\_\_\_\_\_

Facilitator Signature \_\_\_\_\_