
Certificate Request Form

Delivering
Organization: _____

Facilitator: _____

Start Date: _____ **End Date:** _____

The following learners have completed all components (all sessions and project) of the Dementia: Understanding the Journey. *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	12
2	13
3	14
4	15
5	16
6	17
7	18
8	19
8	20
10	21
11	22

Facilitator Signature: