

Confirmation Note OD Learning Path

To whom it may concern,

I confirm that

Family name :	
First name :	
Role in the organisation:	
Representing: (please complete the name of your organisation)	

Will participate in the Caritas Europa Organisational Development learning path. She/He will participate in all four workshops and will be granted the necessary time to put her / his acquired skills into practice to the benefit of our Caritas organisation.

Name :

Function :

Date :

Signature :