**CERTIFICATE OF ATTENDANCE**

**Healthy and physically active schools in Europe (HEPAS)**

This is to certify that

**Name SURNAME**

|  |  |
| --- | --- |
|  |  |
|  |  |
| from | Institution  |
|  |  |
| attended the | **HEPAS School Staff Training**  |
|  |  |
| on | Date |
|  |  |
| in | Venue |
|  |  |

Place, Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Host Signature**

Organisation