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| **IHRTP 2019 - MEMORANDUM OF AGREEMENT** | | |
| The IHRTP Memorandum of Agreement must be signed by both the Director of the organization and by the Candidate.If the Candidate is the Director of the organization, please have the President of the Board as well as the candidate sign the Memorandum. | | |
| Candidate’s last (family) name: | First name: | Country: |
| **The Organization confirms that the Candidate named below:**  Has been an active employee/volunteer with the organization for at least 2 years  Is capable of communicating effectively in English  Is committed to fully participating in all Program activities  Personally completed the application form  **The Organization agrees to:**  Assist the Candidate, if accepted, to fully prepare for and participate in the Program and to carry out the related follow-up activities. | | |
| Name of Organization: | | |
| Name of Director: | | |
| Director’s signature *(please print, sign and scan document)*: | | Date (dd/mm/yyyy): |
| **The Candidate:**  If I am accepted as a participant in the Program I agree to:  1) complete the relevant Program preparation;  2) attend and participate fully in all sessions and activities that are part of the required Program;  3) develop a plan to transfer the learning acquired through the IHRTP and return to my organization to implement it;  4) participate in all evaluation activities during the Program and after its completion;  5) promote links of communication and cooperation between my organization, other participating organizations and Equitas;  6) show openness and respect towards other participants and all other individuals involved in the program, as stated in the Equitas “Code of Conduct” and its “Policy Against Sexual Harassment, Gender Discrimination and Harassment because of Sexual Orientation”.  *“* Equitas’ Code of Conduct requires participants, facilitators, resource people and staff to respect each other’s dignity, values, religion and culture, irrespective of race, gender, national or ethnic origin, religion, sexual orientation, age or disability.” | | |
| **I understand that failure to comply with any of the above may result in not receiving a certificate of participation and/or my being asked to leave the Program.** | | |
| Candidate’s signature *(please print, sign and scan document)*: | | Date (dd/mm/yyyy): |

*\*Please scan and upload the signed Memorandum of Agreement on your* ContactEquitas *account with the supporting letters and the brochure of your organization.*