

**Certificate of Attendance**

This Certificate verifies that

***Name Here***

has completed the *Careforce Lifekeys Community Resources Int*.

**(Course Name),**

conducted at **(Venue & Date Here)**.

The course addressed *(include brief description of course)*

providing \_\_\_ hours of professional development.

Teaching presented by:

Dr Allan Meyer (B.Ec., Dip.Ed., D.Min.)

& Helen Meyer: (M.Ed., M.Couns., M.Sc. & Med. Sexual Health)

***ARMeyer******Helen Meyer***

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