CERTIFICATE OF COMPLETION

This is to certify that

has completed 6.5 hours of training in

## Essential Youth Healthcare Skills

|  |  |  |  |
| --- | --- | --- | --- |
| Delivered by: | |  | |
| At |  | | |
| On |  | | |
|  | | |  |
| Authorised by | | |  |
| Contact details: | | |  |