

**Confirmation of Training on the
Workplace Bullying & Harassment Prevention Policy**
ROMAN CATHOLIC DIOCESE OF NELSON

Full Legal Name (first middle last): _____

Preferred First Name: _____ Date of Birth (YYYY/MM/DD): _____

Parish/School (employer): _____

City (location of parish/school): _____

Employee's Declaration

I, the employee named above, hereby confirm that:

- I have undergone formal training with respect to the *Workplace Bullying & Harassment Prevention Policy*. This training took place on this date: YYYY _____ MM ____ DD ____
- I have read the *Workplace Bullying & Harassment Prevention Policy*.
- I understand the *Workplace Bullying & Harassment Prevention Policy*, and I agree to abide by it.

Employee's Signature

Instructor's Declaration

I, the instructor, confirm that I provided the applicant with formal training on the *Workplace Bullying & Harassment Prevention Policy* on the date indicated above.

Instructor's Name (print)

Instructor's Signature

Return this completed form to:

Safe Environment Office
Catholic Pastoral Centre
3665 Benvoulin Rd
Kelowna BC V1W 4M7