**Application & Training Agreement**

**Lateral Violence & Lateral Kindness Training – Two-Day Certification Program**

**1. Program Overview**

This two-day training provides participants with a deeper understanding of **Lateral Violence**—its causes, impacts, and prevention—and promotes a framework of **Lateral Kindness** in the workplace and community. Through interactive discussions, group exercises, and guided reflection, participants will learn strategies to address harmful behaviours and build positive, respectful relationships.

Upon successful completion, participants will receive a **Certificate of Completion** in *Lateral Violence & Lateral Kindness Training*.

**2. Training Schedule**

* **Day One:**
  + Understanding Lateral Violence: Definition, roots, and impact
  + Who engages in lateral violence and why
  + Recognizing behaviours in the workplace and community
* **Day Two:**
  + Pathways to Lateral Kindness: Shifting from harm to healing
  + Preventing Lateral Violence in professional and personal settings
  + Building respect, accountability, and cultural safety
  + Closing circle, reflections, and certification ceremony

**3. The Schedule “A” Agreement will include:**

**Application Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Organization/Department (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Terms of Participation**

By signing this agreement, the participant acknowledges and accepts the following:

1. **Commitment to Attendance**
   * The participant agrees to attend both training days in full to be eligible for certification.
2. **Respectful Conduct**
   * The participant agrees to engage in a respectful and professional manner, upholding principles of Lateral Kindness.
   * Disruptive or harmful behaviour may result in removal from the training without refund.
3. **Confidentiality**
   * Participants agree to respect the confidentiality of all personal stories, experiences, and discussions shared during the training.
4. **Certification**
   * A Certificate of Completion will be provided only to participants who complete both full training days.
5. **Payment & Fees**
   * Training fees are due in advance unless otherwise agreed upon in writing.
   * Cancellations must be submitted in writing. Refunds may be subject to an administrative fee.

I, the undersigned, confirm my application for the **Lateral Violence & Lateral Kindness Training**. I understand and agree to the above terms and conditions and acknowledge this as a binding agreement between myself (or my organization) and the training provider.

**Custom costs depending on location**: Professional fees, some meals, accommodations and travel.

**Participant Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Provider Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_