

Centre for International Development and Training

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**CONFIRMATION OF MANAGEMENT SUPPORT**

Dear Sir/Madam

Sending a participant to the IFG course represents a significant commitment for any organisation (*for further information please visit our website* ***[www.wlv.ac.uk/cidt](http://www.wlv.ac.uk/cidt) )***. CIDT hopes to work in partnership with you to make sure that your organisation can maximise the benefits by linking carefully to your capacity building plans.

This year participants can choose up to 6 modules, outlined in the course leaflet. If the applicant is seeking funding from DFID, Modules 1-4 are compulsory and represent the minimum commitment. Please consider carefully whether any of the four skills based modules would be useful for the organisation.

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| **Core modules** | Module 1: **Drivers of Forest Governance**  Module 2: **Participatory Planning and Communication**  Module 3: **Forestry Carbon Markets, REDD+ and Payments for Environmental**  **Services**  Module 4: **Developing Forest Trade Incentives** |
| **Optional skills modules – up to two of these can be selected** | Module 5: **Training of Trainers**  Module 6: **Project Design, Management and Funding for Improving Forest**  **Governance**  Module 7: **Developing a communication strategy (including the use of social**  **and mass media)**  Module 8: **TLAS and Chain of Custody** |

**Please indicate which modules you would like the applicant to participate in**

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| 1. **Core modules: 1-4** |  |
| **Skills modules** (we will try to offer first and, where relevant, second choices to successful applicants) |  |
| 1. **1st choice skill module** |  |
| 1. **2nd choice skill module** |  |
| 1. **3rd choice skill module** |  |

By completing the form you confirm support for the applicant to take the necessary time out of work in order to organise a visa, complete pre-course reading and to attend the course.

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| --- | --- |
| Name of Manager: | |
| Position Title: | Country: |
| Tel: | Fax: |
| Email: | Skype: |
| Name of applicant this form is supporting: | |

**What capacity building needs or change in practice in your organisation do would you want someone participating on the IFG course to contribute to after participating on the IFG?**

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**Which skills and competencies do you anticipate this applicant would strengthen through participating on the IFG course?**

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**DECLARATION**

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| I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand that the information provided will be held and processed by the University in accordance with the Data Protection Act (the Act) and I give my express consent to the processing of my personal sensitive data as defined by the Act and by the University.  **Manager’s signature ……………………………………… Date:………………………………..** |

**PLEASE RETURN BY 13TH DECEMBER**