**AUTHORIZATION FORM**

Dear Surge Learning Team,

I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant), who works as a member of my team in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NS / IFRC Office with location), has my support to participate in the **Train. Assess. Facilitate. (TAF) training** on **10-14 November 2025 in CENCAD training center, Mexico** and will have the required amount of time to dedicate to training activities.

The cost of the training is **1,500 CHF** and includes the **training fee, accommodation and full board**. Participants are expected to cover their own travel costs.

**Payment options**

Your NS / IFRC office can **sponsor** another participant who would otherwise not be able to participate. This will allow us to grant fee waivers and **strengthen regional capacities** as part of our localization efforts. IFRC will invoice you for the selected amount.

 **Please select one of the options:**

[ ]  We are willing to pay the fee for our participant: **1500 CHF.**

[ ]  We are willing to pay double to sponsor another participant: **3000 CHF.**

[ ]  We cannot pay the full cost, and I would like to kindly request a discount (please note there is a limited amount of discounted seats).

Name and position of the line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of the line manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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