**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 **Emergency Team Leader (ETL) Training** from 22 to 28 November 2025 in Budapest, Hungary and **will have the required number of hours** (around 50 hours) to complete the pre-training activities.

Likewise, once the course has been successfully completed, this colleague will have my support **to be deployed for 1-3 months** at least once during the next 2 years.

**Payment options (select one option)**

The cost of the training is 2000 CHF, including the training fee, accommodation, full board and materials (travel costs are not included). Your NS / IFRC / ICRC office can sponsor other participants who would otherwise not be able to participate.

[ ]  We can cover the participation and travel costs for our participant.

[ ]  In addition to covering the costs of our participant, we are willing to sponsor travel and participation costs for one more person (for an extra 3,000 CHF)

[ ]  In addition to covering the costs of our participant, we are willing to sponsor travel and participation costs for two more people (for an extra 6,000 CHF)

[ ] We cannot pay the fee and kindly request funding support (full or partial).

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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