# Organisational commitment and confirmation to participate in the ITP

The International Training Programme Disaster Risk Management (ITP DRM) objectives and structure require a strong commitment by the participating organisations. By signing this document your organisation commits to the following:

* Design, lead and implement a change initiative, which is in line with your long-term organisational priorities and plans, with support of the ITP.
* Share information and progress updates on the change initiative to the ITP organisers and other participating organisations.
* Assign employee(s) to represent the organisation and lead the change initiative.
* Participants participates in all phases of the programme during the 12 months. They dedicate 20-30% of their work time to the change initiative and the ITP. Substitutes are not accepted.
* Participants carry out majority of the work from the home country with long-distance mentoring support.
* Participants take part in full-time scheduled training sessions during work hours throughout the programme.
* Participants are required to have an individual e-mail address and regular access to internet.

 As supervisors of the participant(s), you agree to:

* Support and facilitate the participant’s attendance for the entire programme period, from the day of acceptance, the 3rd of December, 2023 to closing in December, 2024.
* Understand that participation in the International Training Programme Disaster Risk Management requires full participation in all phases and engagement from your representative.
* Allow the participant to dedicate the time needed to work on the change initiative.
* Approve key documents on the progress of the change initiative.

**Please explain why the change initiative is proposed by your organisation.**

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| Click or tap here to add text. |

**Both supervisor and senior management representative need to sign this confirmation1.**

**I hereby agree that** Click or tap here to add name of nominee.

**if selected will participate, in the ITP Disaster Risk Management. By signing this confirmation you agree to the above-mentioned conditions.**

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|  | Click or tap here to add text. | Click or tap here to add text. |
| *Supervisor’s signature* | *Name in block letters*  | *Country and date*  |
| Click or tap here to add text. |
| *Supervisor’s title* |

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|  | Click or tap here to add text. | Click or tap here to add text. |
| *Senior management representative’s signature[[1]](#footnote-1)* | *Name in block letters*  | *Country and date*  |
| Click or tap here to add text. |
| *Title of Senior management representative* |

1. If supervisor and senior management representative is the same person, one signature is enough. [↑](#footnote-ref-1)