

**Participation Form**

Healthy Workplaces Program

Date	
Workplace Name	
Workplace Director / Manager	
Workplace coordinator for the program	
Contact number	
Email	

Required Program level:

- Silver level
- Gold level
- Diamond level

Director / Manager's signature

By signing the participation form the workplace agrees on the following:

1. Implementation of at least 80% of the program standards.
2. Implementation of the program in no more than two years from the date of signing the participation form.
3. The workplace that meets the criteria will be granted a certificate as a Healthy Workplace valid for 3 years and will be re-evaluated to renew the accreditation after 3 years.

