**Form A**

**Application for AAR Facilitator Training**

(Services applying for training for the first time)

As SAO I can confirm that the following has been completed in advance of the submission of this application

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|  | **Tick**  |
| That the AAR Guidance has been received, circulated and discussed at Management Team |  |
| That there is management commitment to support the introduction and use of AAR into the service as outlined in the AAR Guidance.  |  |
| That the QPS lead has agreed to co-ordinate the implementation of AAR.  |  |
| That the service/organisation has committed to supporting trained AAR Facilitators to practice formal and informal AAR. |  |
| That the organisation has arrangements in place to maintain a register of trained AAR facilitators and to monitor the use of AAR in line with the Guidance provided |  |

**Sign off:**

Name of Senior Accountable Officer:

Signature:

Date:

Name of QPS Advisor:

Title:

Contact Details (email and phone number):

**Please return completed applications to** qrs.tullamore@hse.ie

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| --- |
| **For QRS Office Use only** |
| Date completed application received from service |  |
| Date approved for allocation of AAR Training places |  |
| Date of training course allocated  |  |