**Form B**

**Application for AAR Facilitator Training**

(Services applying for training of additional trainees)

Name of QPS Lead:

Email Address:

Mobile Phone Number:

No. of staff previously trained:

Date of training:

*Provide here detail of how AAR is currently deployed in your service and the plans for utilisation of additional facilitators:*

**Please return completed applications to** [qrs.tullamore@hse.ie](mailto:qrs.tullamore@hse.ie)

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