The following form should be completed by those applying for JAG approval as a regional training centre. Approved training centres are eligible to offer JAG approved courses via the JETS website and to join the Federation of Training Centres. You should read the [JAG approved training centre requirements document](https://www.thejag.org.uk/Downloads/JAG/JETS%20-%20training%20centers%20and%20courses/JAG%20approved%20training%20centre%20requirements%201.0.pdf) prior to completion of the form. Only centres meeting the stated requirements will be approved to offer training courses.

1. **Training Centre Details**

Please complete the information below.

|  |  |
| --- | --- |
| Training centre |  |
| Address |  |
|  |
|  |
|  |
| Postcode |  |
| Website (if applicable) | http:// |
| Email address |  |
| Telephone |  |

1. **Site Details**

If you offer training courses at more than one geographical location, please complete the site information for each location. If you only offer training courses at the training centre locations, please do not complete this section and go to section 3.

Site 1.

|  |  |
| --- | --- |
| Hospital |  |
| Address |  |
|  |
|  |
|  |
| Postcode |  |
| Training centre requirements met*Please complete the appropriate column.**All new applications must indicate whether each site is registered with JAG and JAG accredited (with date of last review and next review) or if not accredited or registered with JAG what the current GRS score is.*  | [ ] **JAG accredited** | [ ] **Registered with JAG** | [ ] **Not registered with JAG** |
| Date of next review: DD/MM/YY | Safety |  | Safety |  |
| Comfort |  | Comfort |  |
| Quality |  | Quality |  |
| Environment, training opportunities and resources |  | Environment, training opportunities and resources |  |
| Trainer allocation and skills |  | Trainer allocation and skills |  |
| Assessment and appraisal |  | Assessment and appraisal |  |

Site 2.

|  |  |
| --- | --- |
| Hospital |  |
| Address |  |
|  |
|  |
|  |
| Postcode |  |
| Training centre requirements met*Please complete the appropriate column.**All new applications must indicate whether each site is registered with JAG and JAG accredited (with date of last review and next review) or if not accredited or registered with JAG what the current GRS score is* | [ ] **JAG accredited** | [ ] **Registered with JAG** | [ ] **Not registered with JAG** |
| Date of next review: DD/MM/YY | Safety |  | Safety |  |
| Comfort |  | Comfort |  |
| Quality |  | Quality |  |
| Environment, training opportunities and resources |  | Environment, training opportunities and resources |  |
| Trainer allocation and skills |  | Trainer allocation and skills |  |
| Assessment and appraisal |  | Assessment and appraisal |  |

Site 3.

|  |  |
| --- | --- |
| Hospital |  |
| Address |  |
|  |
|  |
|  |
| Postcode |  |
| Training centre requirements met*Please complete the appropriate column.**All new applications must indicate whether each site is registered with JAG and JAG accredited (with date of last review and next review) or if not accredited or registered with JAG what the current GRS score is* | [ ] **JAG accredited** | [ ] **Registered with JAG** | [ ] **Not registered with JAG** |
| Date of next review: DD/MM/YY | Safety |  | Safety |  |
| Comfort |  | Comfort |  |
| Quality |  | Quality |  |
| Environment, training opportunities and resources |  | Environment, training opportunities and resources |  |
| Trainer allocation and skills |  | Trainer allocation and skills |  |
| Assessment and appraisal |  | Assessment and appraisal |  |

If you have additional sites, please send the details on a separate sheet.

1. **Training centre lead/ director details**

Please complete the information below for the training centre lead or director. This will be the primary contact for JAG. All centres must have a nominated lead. This individual must be a clinician.

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Surname |  |
| Registration number (GMC/NMC) |  |
| Job Title |  |
| Email address |  |
| Telephone |  |

1. **Training centre admin lead/ programme manager**

Please complete the information below for the training centre admin or programme manager. This individual will be responsible for adding courses to JETS and managing the booking of candidates.

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Surname |  |
| Registration number (GMC/NMC) if applicable |  |
| Job Title |  |
| Email address |  |
| Telephone |  |

1. **Regional Training Centre (RTC) support**For new training centres, we strongly advise working with an established RTC in the first instance to support the development of the centre and the programme. Please provide details of the RTC you have you approached to provide this support.

|  |  |
| --- | --- |
| Training centre |  |
| Address |  |
|  |
|  |
|  |
| Name and email address of your contact within the RTC | Name: |
| Email: |

1. **Courses**Please provide details of the number ofbasic skills and train the trainers courses you are proposing to run each year

|  |  |
| --- | --- |
| Number of basic skills courses |  |
| Number of train the trainer courses |  |

1. **Faculty**Please provide details of the planned faculty for your RTC.

|  |  |
| --- | --- |
| Have all proposed faulty completed a train the trainers (TTT) course.  | Yes / No |
| If you answered no to the above, will the faculty be given funding to attend a TTT course?  | Yes / No / N/A |
| Have the proposed faculty taught on other courses in other regional training centres? | Yes / No |

1. **Billing Information**

Please provide us with the following information, to ensure that details on your invoices are correct

|  |  |
| --- | --- |
| Name of organisation to be invoiced(Hospital / Shared Business Service / Independent Sector Provider) |  |
| Finance Department email address |  |
| Billing address |  |
|  |
|  |
| Postcode |  |
| Is a Purchase Order required? | Yes / No |

1. **Declaration**

Please sign below to confirm that:

* I am authorised to apply for JAG Training centre status on behalf of the centre noted above.
* The information provided above is true and correct as of the date below.
* Any changes to our organisation’s circumstances which may bear upon the service’s conformity with the Training centre criteria will be forwarded to the JAG Office.
* I have read and understood the JAG Training Centre requirements document
* I confirm that our centre meets the JAG Training Centre criteria

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

Once completed, please submit the form to the JAG office via email to askjag@rcp.ac.uk.

Once submitted your application will be sent to the JAGfor approval. The JAG office will update you as to progress with your application.