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 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 |  |

Site 2.

|  |  |
| --- | --- |
| Hospital |  |
| Address |  |
|  |
|  |
|  |
| Postcode |  |

Site 3.

|  |  |
| --- | --- |
| Hospital |  |
| Address |  |
|  |
|  |
|  |
| Postcode |  |

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. **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@rcplondon.ac.uk](mailto:askjag@rcplondon.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.