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 |  |

|  |  |
| --- | --- |
| Give a brief description of you experience running or participating in endoscopy courses. |  |
| Please attach your job plan which takes into account the time and effort it takes to run the training courses. |  |
| Do you agree to attend the Federation of Training Centre meetings or to send a representative? |  |
| Please indicate how often you will be meeting with your supporting training networks ie Acadamies and supporting training centre to discuss course development. |  |
| Do you agree to submit the JAG annual training report. |  |

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 Training Centre lead. | Name of Training Centre lead that has been contacted: |
| 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 |  |
| Name and number of other courses you are planning |  |

1. **Faculty**

Please provide details of the planned faculty for your RTC. More lines can be added for extra faculty.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of faculty** | **Have they attended Train the Trainer (TTT) course? (Y/N)**  **If no, will the faculty be given funding to attend a TTT course? *If they have not done TTT they should not be teaching as faculty.*** | **Internal/external trainer (Y/N/Both)** | **Has the faculty member taught**  **on other courses in other regional training centres? (Y/N)** | **Please attach last 3 months training summary** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Admin and IT/AV links**

|  |  |
| --- | --- |
| Name of admin support person will support the courses and provide reliable access for both trainees and trainers applying for and attending the courses? |  |
| Please describe what audio visual links are in place from the endoscopy rooms to the seminar rooms. |  |
| Name of IT support ensuring AV links are reliable for each course. |  |
| Please provide details of your endoscopy kit, including manufacturers name, stack name (e.g X1 stack for Olympus), endoscope series (e.g 190 scopes for Olympus). |  |

1. **Managerial and nurse support**

|  |  |
| --- | --- |
| Who will be the nurse in charge of supporting the courses? |  |
| Have they got dedicated time to support the courses? |  |
| Please attach a letter from the SLM (Service Level Manager) supporting the development of courses for the unit. |  |

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 the circumstance of the organisation that impair the delivery of the courses will lead to notification to the JAG office.
* I have read and understood the [JAG training centre requirements](https://jets.thejag.org.uk/media/l30f4gkf/2023-12-06-jag-training-centre-requirements.pdf?PageId=134).
* I confirm that our centre meets the JAG training centre requirements.

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

Once completed, please submit the form to the JAG office via email to [askjag@rcp.ac.uk](mailto: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.