



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Competent Authority Period of Adaptation Proposal / Learning Agreement



For Office Use Only:

Name of applicant	Applicant number
Profession	Date of decision

Please note this proposal form is **to be completed by the proposed supervisor and applicant for a period of adaptation (POA)**. It must be completed electronically and printed for signing and submission to the Registration Board for approval. **Please note the POA cannot commence without approval by the Board.** Please write in the text boxes provided (boxes will expand as you write). The form will act as the learning agreement for the POA.

Note: In order to complete this proposal form, the applicant and proposed POA supervisor must **review the decision letter from the Registration Board**, the POA guidance notes and the standards of proficiency and criteria for practice placements.



Section A: POA Site Details

Please refer to the guidance notes and ensure that the proposed supervisor meets any specific requirements.

Name of applicant	
Profession	
Workplace / placement setting:	
Type of service	Public <input type="checkbox"/> Private <input type="checkbox"/> Non-governmental organization <input type="checkbox"/> Other (specify)
Address	
Telephone	
Email	

Section B: Proposed Supervisor Details

Please refer to the guidance notes and ensure that the proposed supervisor meets any specific requirements.

Name:	
Qualifications	
Date awarded	
Current position / job title	Full-time <input type="checkbox"/> part-time <input type="checkbox"/>
Main duties and responsibilities	
Area of specialism (if any)	
Duties and responsibilities	
Number of years post qualifying experience in the profession	
Previous experience as a practice teacher	
CORU Registration number	
I have read the applicants decision letter	<input type="checkbox"/>
I have read standards of proficiency for the profession issued by the Registration Board	<input type="checkbox"/>
I have read the relevant guidance documentation for the period of adaptation	<input type="checkbox"/>



Section B: Proposed Period of Adaptation

Is the applicant currently employed in this workplace: Yes No

If Yes , start date and position held until now	
If No , what is the proposed status should the period of adaptation be undertaken	

Start date	
Interim review date	
Projected end date	

Practical arrangements during the period of adaptation

Applicant hours of work: (Note any special arrangements)	
Facilities and support available to applicant: e.g. support groups / workspace / facilities available / administrative support / learning resources / arrangements for study time /	
Please outline how the applicant will report absence:	
Please outline how attendance will be recorded:	

Induction plan

Please outline the applicant's induction plan:	
Please outline how the applicant will be made aware of local policy and procedures:	



Meeting format for POA:

Proposed format and frequency of meetings during the POA as agreed between supervisor and applicant. Please note that meetings should be regular and ongoing with at minimum a formal initial, interim and final meeting taking place:

POA timelines:

Tasks	Estimated timeframes
Learning agreement proposal submitted for Registration Board approval	
Applicant induction	
First meeting date	
Interim review date	
Completion of Period of Adaptation and final meeting date	
Submission of all documentation to CORU	



Section C: Learning Opportunities Being Provided by The Period Of Adaptation [Expand table as necessary]

Please note: Table is only to be completed for the area(s) of deficit identified in the decision letter.

Area of work			
Area of specialism (if any)			
Main duties and responsibilities			
Client/service user groups applicant will work with (if applicable)			
Please identify the full range of learning opportunities to be provided to the applicant by the POA in order to meet the standards of proficiency where deficit(s) have been identified. Supervisors must read the applicants decision letter and standards of proficiency for the profession when completing this section. The applicant and supervisor must be sure that the POA provides an opportunity for the applicant to address any deficits identified. Please expand each section as required.			
Learning opportunities Specific to deficit(s) in SOPs which have been Identified. Please also include SOP reference from applicant decision letter e.g. 6.1	Resources and strategies How the applicant will achieve this learning	Indicators / evidence of learning / skill development and practice required At the end of the POA the applicant will be able to...	Time frame



Section D: Supervision

Please refer to the profession specific information in the guidance notes and ensure that supervision meets any specific requirements.

Proposed format for supervision of the applicant:

Frequency of supervision:

Please outline arrangements for recording supervision:



Section E: Declaration and signatures:

Subject to the above proposed period of adaptation being approved by the Registration Board, I agree to undertake to supervise and assess this applicant and to provide a report for the Registration Board with a recommendation as to whether or not the applicant has met the required standards of proficiency at the completion of the period of adaptation.

Proposed Supervisor (Name in block capital letters):

Signed:

Date:

Additional Supervisor (in case of unexpected illness/long term leave required)

Name (in Block Capital Letters):

Signed:

Job Title:

CORU Registration Number:

Email Address:

Phone Number:

Date:

On behalf of the workplace:

Name (in Block Capital letters)

(Principal member of the profession or equivalent):

Signed:

Job Title:

Email Address:

Phone Number:

Date:

Applicant

I, the applicant, hereby state that I have discussed the proposed period of adaptation with my proposed supervisor and subject to the Registration Board approval, I wish to undertake the period of adaptation outlined above.

Name (in Block Capital Letters):

Signed: _____

Email address: _____ Phone number: _____

Date: _____

Official Stamp of the Workplace / Agency

