

ARC participant contract

Participant's name and job title

Supervisor's name and job title

1 Why do you want to participate in the training event?

What are your objectives? What are your expectations?

Please describe any previous experiences you have had with ARC.

2 What constraints can you identify that could limit your effectiveness in implementing an action plan resulting from the event, and reporting on the activities (personal and professional)?

3 Who can help you overcome these obstacles? How?

eg. support from supervisor or colleagues

4 How do you expect to apply your learning after this event?

5 Where do you expect to implement your action plan?

I will participate in the ARC training event. I understand that this will mean:

- participating actively
 - implementing an action plan after the event
 - reporting on activities implemented.
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Participant's signature

Date

Supervisor's authorisation

I agree that the above staff member participates in the ARC training event.

I will provide all necessary support to ensure that she/he can participate fully in all aspects of the event and follow-up, including the implementation of an action plan.

Supervisor's signature

Date

