



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Competent Authority Period of Adaptation Proposal / Learning Agreement

This proposal form is **to be completed by the proposed supervisor and applicant for a period of adaptation (POA)**. It must be completed electronically, signed by both the applicant and supervisor and submitted to the Registration Board for approval.

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 for the profession.

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.

An Chomhairle um Ghairmithe Sláinte agus Cúraim Shóisialaigh
Health and Social Care Professionals Council



Section A: POA and Site Details

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

Name of applicant		
Profession		
Details of POA to be Completed	Core Clinical Area(s)	Number of Hours (weeks)
Placement Setting		
Type of Service	Public <input type="checkbox"/> Private <input type="checkbox"/> Non-governmental organisation <input type="checkbox"/> Other <input type="checkbox"/>	
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		
Job Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Main Duties and Responsibilities		
Number of years post qualifying experience in the profession		
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 guidance documentation for the period of adaptation		<input type="checkbox"/>



Section C: 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:	
Facilities and support available to applicant: e.g. support groups / workspace / facilities available / administrative support / learning resources / arrangements for study time /	
Proposed Format for Supervision	
Frequency of Supervision	
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:	

**Section D: Learning Plan** [Expand table as necessary]

Please note: Table is only to be completed for the Deficit(s) Identified in the CORU Decision Letter.

Area of work during POA		
Client/service user groups applicant will work with (if applicable)		
Please identify the full range of learning opportunities to be provided to the applicant during the POA in order to meet the standards of proficiency where deficit(s) have been identified. Please expand each section as required.		
Standard Specific to deficit(s) in Standards of Proficiency identified in Decision Letter e.g. 5.12	Responsibilities during POA How the applicant will achieve learning	Evidence of learning / Skills Developed At the end of the POA the applicant will be able to...



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:

Email Address:

Phone Number:

Date:

CORU Registration Number:

Additional Supervisor (in case of unexpected illness/long term leave required) Name (in Block Capital Letters):

Signed:

Job Title:

Date:

CORU Registration Number:

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**

