

## ARC participant contract

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**Participant's name and job title**

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**Supervisor's name and job title**

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**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.*

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**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)?**

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**3 Who can help you overcome these obstacles? How?**

*eg. support from supervisor or colleagues*

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

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**5 Where do you expect to implement your action plan?**

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**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**

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**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.

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**Supervisor's signature**

**Date**

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