

4 – Screen-shots Online Practitioner Course Application

PORTAL HOME

RECOGNISED INSTITUTIONS

RESOURCES

Create an account to become a new recognised institution

Sign in to your existing account

Create an account to manage your existing recognised institution

Existing RIs and new applicants

The Recognised Institution (RI) portal is an online system that allows RIs and applicants to manage aspects of your organisation's interactions with PHECC for responder and practitioner level courses. This includes applying for recognised institution status, courses and renewal as a RI.

Once you create an account and log in you will be able to apply to:

- become a RI
- deliver course(s) at responder (CFR, CFR and MLO, FAR, EFR, EFR – BTEC) level
- provide NQEMT practitioner level course (EMT, P, AP)

The portal also allows you to update your faculty listing for courses and submit your policies and procedures for application and renewal purposes. Once you log in you may see Alerts to let you know when we need information from you. You will also will be able to track the status of your submissions.

Recognised Institutions

Apply to become a Recognised Institution

Apply for Responder Courses

Manage your Faculty

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Renew your approval as a Recognised Institution

56

Total Recognised Institutions

267


Total Distinct Courses

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Login or Create an account for a new Recognised Institution

Email title is user name



Username

Password

☐ Remember me

[Sign In](#)

Forgot [my password](#) or [my username](#)

Create an account to become
a new Recognised Institution

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RECOGNISED INSTITUTIONS

RESOURCES

james Bond

[RI Test One Ltd](#)

MY COMMITTEES

i

PHECC Staff are currently reviewing your application.

My Organisations

Click on the organisation link above to start managing your organisation.

Your organisation's name will auto fill

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Recognised Institution

Status
Under Review

Approval Date

Renewal date

Organisation Type

Addresses

Work Address +

Status
Active

[Public profile](#)

Recognised Institution

[About](#) [Courses](#) [Reviews](#) [Faculty](#) [Internship Sites](#) [Documentation](#)

Recognised Institution

Status
Under Review

Approval Date

Renewal date

Organisation Type

Addresses

Work Address +

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Application for Additional Courses at Practitioner Level

Use this form to update your application with extra course details.

Start / continue course update

Link

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Application for Courses at Practitioner Level Only

Application Reference	
Institution Name	
Your PHECC Approved Institution Number (Ref)	
• Course	
Year 1 - Proposed number of courses	(None) ▾
Year 2 - Proposed number of courses	(None) ▾
Year 3 - Proposed number of courses	(None) ▾
Proposed number of students per course intake	(None) ▾
• Please upload a "Description of educational facilities"	Course Delivery.docx View Remove
Course Director	
<i>Note: You must add at least 1 Course Director</i>	
Add New Record	
Prefix	First Name
Last Name	PHECC PIN
EA Number	

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Course Facilitator

Note: You must add at least 1 Course Facilitator

[Add New Record](#)

Prefix	First Name	Last Name	PHECC PIN	EA Number
select	<input type="text"/>			delete

Medical Advisor

Note: You must add at least 1 Medical Advisor

[Add New Record](#)

Prefix	First Name	Last Name	Medical Council Registration Number	MA Type
select	<input type="text"/>			delete

Faculty and Affiliate Management

What are the requirements for faculty? e.g. qualifications and experience

• Are faculty, employees or affiliates, visiting lecturers/experts?

• Please upload details of contractual arrangements and agreed quality assurance procedures with affiliates.

[View](#) [Remove](#)

• Please upload details of how course delivery and associated activities will be monitored and reviewed.

[View](#) [Remove](#)

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Application for Courses at Practitioner Level Only

Application Reference	
Institution Name	
Your PHECC Approved Institution Number (R.I.)	
Entry Criteria	<input type="button" value="Choose File"/> No file chosen
Proposed Paramedic curriculum based on the current applicable Education and Training Standard	<input type="button" value="Choose File"/> No file chosen ⓘ
Lesson Plans (A minimum of 10 theory and 10 practical sample lesson plans required)	<input type="button" value="Choose File"/> No file chosen ⓘ
• Course Content to include timetable and materials/resources	<input type="button" value="Choose File"/> No file chosen
• Assessment Schedule to include internships periods	<input type="button" value="Choose File"/> No file chosen
• What student supports will be in place?	<input type="button" value="Choose File"/> No file chosen ⓘ
• Recognition of prior learning for the course - provide details.	<input type="button" value="Choose File"/> No file chosen ⓘ
• Please upload requirements for student attendance	<input type="button" value="Choose File"/> No file chosen

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Application for Courses at Practitioner Level Only

Application Reference	
Institution Name	
Your PHECC Approved Institution Number (R.I.)	
National Vetting Bureau (Children and Vulnerable Persons) Act 2012	<input type="button" value="Choose File"/> No file chosen 
• Proposal for quality assurance activities and outcomes for the development of learning environments approved for clinical placements/internship sites.	<input type="button" value="Choose File"/> No file chosen
<h4>Internship Sites</h4>	
Add New Record	
Location	Department
There are no records.	
Quality assurance system for each clinical placement/internship site.	<input type="button" value="Choose File"/> No file chosen 

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Sign In

Apps

Softworks Web Editi

https://phecc.on.spic

Spiceworks Portal

http://test.phecc.ie/R

iMis Staff Log In

external user login

Reference

Institution Name

Your PHECC Approved Institution Number

National Vetting Bureau (Children and Vulnerable Persons) Act 2012

Choose File No file chosen

Proposal for quality assurance activities and outcomes for the development of learning environments approved for clinical placements/internship sites.

Choose File No file chosen

Internship Sites

[Add New Record](#)

Location

Department

There are no records.

Quality assurance system for each clinical placement/internship site.

Choose File No file chosen

Student Learning Portfolio

Choose File No file chosen

Proposal for continuous competence assessment during intern and postgraduate internship periods

Choose File No file chosen

Apply for Recognition Courses

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Payment

Item name	Unit Price	Qty	Total Amt
RI Practitioner Course Application fee			
Total:			

Amount

• Payment type ☐ Pay by Paypal ☐ Pay by Card

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Click to submit your application and payment

Submit