

Title: FOR019 –Form A Training and Education Testimony Overseas Qualified- V2		Page: 1 of 4
Owner: PD	Approved by: P Dempsey	Approval Date: Dec 2014

Address: Pre-Hospital Emergency Care Council, Assessment of Qualifications Section,
2nd Floor, Beech House, Millennium Park, Osberstown, Naas, W91 TK7N, Co. Kildare, Ireland.
E: recognitionqualifications@phecc.ie



To applicant:

Please type in the details of your qualification using this Form A (Parts 1, 2 and 3). This is the qualification which gives you eligibility to practice your profession in the country where you obtained it. This may be vocational training and/or undergraduate and post-graduate qualifications for which you are seeking recognition in Ireland. **If you wish that PHECC considers more than one qualification you must complete one form per qualification and have each one individually verified by the educational institute (see Part 3).**

Form A Part 1: Education institute and course details:	
Applicant's name:	
Applicant's date of birth:	(dd/mm/yyyy):
Course name:	
Certificate number or equivalent:	Study mode: full-time <input type="checkbox"/> part-time <input type="checkbox"/> distance learning <input type="checkbox"/> <input type="checkbox"/> other <input type="checkbox"/>
Name of educational institution in English:	
Name of institution in original language (if relevant):	
Name of department or school:	
Address 1: Address 2: Address 3: Address 4: Postcode: Country: Website:	
Total number of years of course:	Date of qualification award:
Course start date (dd/mm/yyyy):	End date (dd/mm/yyyy):
Proportion of total course time allocated to academic teaching:	%
Proportion of total course time allocated to clinical practice placement:	%
Total number of placements included in your course:	
Total number of hours spent in placement:	

Applicants for this section, please expand table and insert rows for additional information / years if necessary. You must provide sufficient information about your qualification to allow a comprehensive assessment by PHECC.

Course Year 1,2,3,4 etc.	List of subjects / modules	Subject description – please outline content to include learning outcomes and/or competencies	Hours studied	Examination / assessment method	Page / syllabus reference
Year 1					
Year 2					
Year 3					
Year 4					

Form A Part 2: Practice placements undertaken during this qualification

You must copy and insert a new table for each practice placement. This should be done in chronological order. Please number each placement.

Practice placement number:		
Placement setting name: (workplace)		
Practice areas within the placement setting:		
Type of service:		public service <input type="checkbox"/> private sector <input type="checkbox"/> non-governmental organisation <input type="checkbox"/> other <input type="checkbox"/> (specify):
Start date (dd/mm/yyyy):		End date (dd/mm/yyyy):
Hours per week:	Total number of weeks:	Total number of hours spent in placement:
Was the placement assessed?: Yes <input type="checkbox"/> No <input type="checkbox"/>		Outcome: Pass <input type="checkbox"/> Fail <input type="checkbox"/> Other <input type="checkbox"/>
Assessment method:		Was the placement supervised by a professionally qualified senior person in your profession? Yes <input type="checkbox"/> No <input type="checkbox"/>
Frequency of supervision:		
If you answered no please tell us how you were supervised and by whom		
Main duties, core skills and knowledge acquired in this placement:		

Form A Part 3: Confirmation by educational institute

To Education Institute:

You are asked to review this **Form A** (Parts 1 – 3) and verify the information provided by the applicant. When you are satisfied, an official stamp is required on each page of the form including this page. Form A must be returned to the Pre-Hospital Emergency Care Council by post or scanned and emailed to recognitionqualifications@phecc.ie

I hereby certify that the particulars that [insert applicants name] has supplied in Form A about his/her academic and practice placement training are true and accurate, to the best of my knowledge and belief. **I have provided an official stamp on each page of Form A.**

Job title:

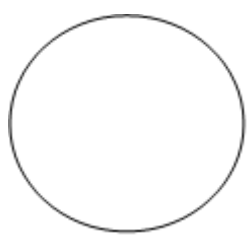
Signed: _____ **Date:** _____

Name in block capitals:

Address 1
Address 2
Address 3
Address 4
Postcode:
Country

Telephone number: _____ **Work email address:** _____

Official stamp of educational institution:



Please also officially stamp each page completed in Parts 1 and 2 to verify this information on behalf of the applicant. Failure to comply with this will result in the forms being returned to the applicant.

Official use only - Version History

Version	Date	Details