

NQEMT Paramedic Exam Application Form

Title: FOR001 NQ	EMT Paramedic Exam Application Form	V 3	
Owner	Approved by: LD	Approval Date:	Oct 2018

Mission Statement

"The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care"

© Pre-Hospital Emergency Care Council

Published by: Pre-Hospital Emergency Care Council Oct 2018

2nd Floor, Beech House, Millennium Park, Naas Co Kildare, W91 TK7N, Ireland.

T: + 353 (0)45 882042

E: info@phecc.ie

W: www.phecc.ie

Version History

Name: FOR001 NQEMT Paramedic Exam Application Form											
Version	Date	Details									
1	Oct 2010	New document on the Register									
2	Jul 2012	Rivised from original layout									
3	Oct 2018	Updated to Paramedic Application form only – layout and content and approver									

NQEMT PARAMEDIC EXAM APPLICATION FORM

Examination Number:										*For	rep	eat	cand	lida	ates	plea	ise i	ncl	ude	rel	eva	nt f	fee	or p	bayn	nent	: via	Pay	Pal		
Exam Application:				мс	Q			OS	CE				_ :	sw	/A																
Surname:																											Ins	ert	Pass	port	t
Forename:																		T											o He	-	-
Date of Birth:	d		d	m	1	m		У	У		у		У																		
Contact																															
Address:																															
Add Cool																															
Eircode:			T																												
Contact																															
Number: Email			ļ		 	l T																				Т	Τ				
Address:																															
(Please use BLOCK Capitals)																															
I hereby declare that the abo fully comply with the NQEM Examination Handbook. I un	Т еха	min	atio	n h	and	lboc	ok t	erm	s ar	nd c	con	diti	ons	s a	s p	er	the	сι	urre	ent	t e	diti	on	of	th	e P	ΉE	CC			
Candidates Signature:																I	Dat	e:					1				1				-
Data Protection: By signing this form I examination. In line with General Da use the data I provide for communicati to process my Personal Identification I effort to ensure my data is correct, how currently held by PHECC and/ or Prom Care Council, Beech House, Millennium	ita Prote on purp Data in vever, if ietric, a	ectio boses order any o as ap	n Rep with r to f of my oprop	gulat h me fulfil o y dat priat	tion (. As a exam a is ir te, m	GDPF ippro ination icorre ay be	R), P opria on o ect o e ob	HECC ate I a obligat or inac tainec	will h authc ions curat l upo	nold orise for t ce l w n wr	and PHE the N vill in	pro CC a NQE Iforr	cess and I MT E n PH	my Pro EMT ECC	data meti T MC C in V	a seo ric, l CQ e writi	curel PHE xam	y ai CCs iina ema	nd c ser tior ail a	onf vice n. P cce	ider e pa HEC ptał	rtn CC w	er u vill n . A c	inde nak copy	er co e ev y of	ontra very my o	act, data				
				Re	002	inis	ed	Ins	titu	tio	n S	tat	em	en	<u>it</u>																
I the undersigned, confirm th NQEMT examination and ha the training course prior to s	as uno	dert	ake	n tr	aini	ng a	at tl	he a	ppr	opr	iate	e le	vel	ar																	
Course Number:		-																	F	Re	co	gni	ise	d lı	nst	itut	ion	Sta	amp		
Completion Date:										_																					
Upskilling / RPL Date:										-																					
Course Director:										_																					
Signature:				Dat	e: _							-		Er	P mei	ree		y (Car	e			J.								
FOR001 V3 Published Oct 201	18																		nc												



Published by: Pre-Hospital Emergency Care Council, 2nd Floor, Beech House, Millennium Park, Naas Co Kildare, W91 TK7N, Ireland. Phone: +353 (0)45 882070 Email: info@phecc.ie Web: www.phecc.ie