Document Title: FOR025 NQEMT	EMT –Exam Application Form – V2	Page: 1 of 1
Document Owner: LD	Approved by: JE	Approval Date: 25.11.2015
Examination Number: Title: (please tick)	Mr. Ms. Other	Pre-Hospital Emergency Care Council
Surname:		
Forename:		Insert Passport
Gender: (please tick)	Male Female	Photo Here
Previous Exam Date(s) (If any)		
Date of Birth:		
Contact Address:		
Post Code:		
Contact Number:		
Email Address:		
I hereby declare that the above information is true and accurate to the best of my knowledge and belief. I have read and I will fully comply with the NQEMT EMT examination handbook terms and conditions as per the current edition of the PHECC NQEMT EMT Examination Handbook. I am aware that there is a fixed time period of 6 months from course completion to successful completion of the examination process.		
Candidates signature:	Date:/	
Data Protection: By signing this form I consent to PHECC holding and processing my personal data for the purpose of NQEMT examination. In compliance with the Data Protection Act 1988 Revised March 2012, PHECC will hold and process my data securely and confidentially. PHECC may also use the data I provide for communication purposes with me. As appropriate I authorise PHECC and Prometric, PHECCs service partner under contract, to process my Personal Identification Data in order to fulfil examination obligations for the NQEMT EMT MCQ examination. PHECC will make every effort to ensure my data is correct, however, if any of my data is incorrect or inaccurate I will inform PHECC in writing (email acceptable). A copy of my data currently held by PHECC and or Prometric, as appropriate, may be obtained upon written request to The Examinations Officer, Pre-Hospital Emergency Care Council, Abbey Moat House, Abbey Street, Naas, Co Kildare		
Recognised Institution Certification The undersigned certifies that the above named candidate has fulfilled PHECC's requirement for eligibility to sit the examination and has undertaken training at the level of Emergency Medical Technician (EMT) and successfully completed all elements of the training course prior to submitting an application to sit the examination.		
Course Director: Print	Date: /	
Course Number: Completion Date://		
Upskilling/ RPL Date:		itution stamp
Signature: To be signed by the 0	<u> </u>	