

Declaration & Commitment

To: Registrar, Pre-Hospital Emergency Care Council (PHECC)

I, the undersigned hereby apply for registration in PHECC Register of Pre-Hospital Emergency Care Practitioners and for that purpose hereby formally declare and confirm that:-

- i) I have not been the subject of any adverse finding arising from an inquiry by any Healthcare Registration Authority and that there is no inquiry in being or contemplated against me in any country inside or outside the European Union.
- ii) I hereby consent and authorise PHECC to make any enquiry or enquiries with anybody or person in pursuance of my application for registration as a pre-hospital emergency care practitioner.
- iii) I am currently:
- Practising as a pre-hospital emergency care practitioner as per details in my Curriculum Vitae
 - certified in Cardiac First Response at practitioner level
 - and will practise only in accordance with my status on the PHECC Register and training in Clinical Practise Guidelines (CPGs)
 - aware that my scope of practise is restricted by the CPG approval status of the service with whom I am practising.
- iv) I have no:
- relevant criminal conviction (any offence which would preclude an individual securing employment within the health sector).
 - known health condition or addiction that could affect my fitness to practise as a pre-hospital emergency care practitioner
- v) I will:
- comply with the current PHECC Code of Professional Conduct for pre-hospital emergency care practitioners
 - complete Patient Care Reports
 - practise only in accordance with my scope of practise and status on the PHECC Register
 - comply with Continuing Professional Development requirements as approved by Council
 - cooperate with enquiries by the Fitness to Practise Committee, Health Committee or their Subcommittees
 - mentor or coach trainees and/or colleagues
- vi) I am aware and agree:
- that eligibility for continuing registration will be dependent on compliance with the rules governing the PHECC Register
 - that if I do not meet with the Continuing Professional Development requirements associated with my status on the PHECC Register I may be automatically excluding myself from rejoining the PHECC Register at my current and/or any other division of the Register
 - that my application will not be processed without payment of the appropriate registration fee in advance
 - that if an application is found to be fraudulent it may preclude the applicant from ever joining the PHECC Register
- vii) I know of no reason why the PHECC should not grant me registration under the provisions of Statutory Instrument 575, 2004.
- viii) The registration period shall be for one year. Currently an administrative registration period of 3 years duration, comprising of 3 single years, will apply.
- ix) The information over is true and accurate to the best of my knowledge and belief and that I have signed this form in my own handwriting.
- x) I am competent in spoken and written English

Data Protection

By signing this form you consent to us holding and processing your personal data for the purpose of Professional Registration. PHECC is registered with the Data Protection Commissioner. PHECC are the registered data controllers. In compliance with the Data Protection Acts 1988 & 2003, when PHECC is provided with personal data, we will hold the data, together with other information, securely and confidentially and process it for the purpose of maintaining a Professional Register and research. PHECC makes the following information available to the public on our website: Surname, Forename, PIN, Register Division & Register Level. This is consistent with other statutory healthcare registers. PHECC may disclose the following information to PHECC accredited service providers within the industry: Surname, Forename, Date of Birth, PIN, Register Division, Register Level, Original Registration Date, Current Employer & Licence Expiry Date. We may also use the data you provide for communication purposes with you. PHECC make every effort to ensure your data is correct, however, if any of your data is incorrect or inaccurate please inform PHECC in writing (email acceptable). A copy of your data currently held by PHECC may be obtained upon written request to The Registration Officer, Pre-Hospital Emergency Care Council, Abbey Moat House, Abbey Street, Naas, Co Kildare

Signature: _____

Date: _____