**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 practise your profession in the country where you obtained it. This may be vocational trainingand/orundergraduate 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-timepart-timedistance learning  other | | |
| **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.**

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| --- | --- | --- | --- | --- | --- |
| **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 serviceprivate sector non-governmental organisation other (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  No | | | **Outcome:** Pass  Fail  Other | |
| **Assessment method:** | | | **Was the placement supervised by a professionally qualified senior person in your profession?**  Yes  No | |
| **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 [info@phecc.ie](mailto:info@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** |
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