**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).**

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| **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[ ] part-time[ ] distance 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.**

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| **Practice placement number:**       |
| **Placement setting name:****(workplace)** |       |
| **Practice areas within the placement setting:**  |       |
| **Type of service:**  | public service[ ] private 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

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| 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**

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| --- | --- | --- |
| **Version** | **Date** | **Details** |
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