

Pre-Hospital
Emergency Care
Council



Statutory Declaration
Recognition of Institution

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”

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Council

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Version History

(Please visit the [PHECC website](#) to confirm current version.)

Name:		
Version	Date	Details
1	10 July 2014	First version
2	October 2014	Revised following amendments to Council Rules for Institutions (RUL006) V6.
3	Jan 2017	New statutory declaration signature block

This Statutory Declaration is to be declared by a person duly authorised by the Applicant Institution.

I, _____ [print name of declarant], duly authorised on behalf of:

_____ [print name of Institution]

hereby note and declare that:

1. The Applicant knows of no reason why the Council should not approve this application for recognition of institution.
2. The Applicant acknowledges that approval for recognition of institution is at the discretion of the Council, in accordance with the "Council Rules for Recognition of Institutions".
3. The Applicant hereby consents and gives authority to the Council to make any reasonable enquiries with any body or persons in relation to the application including making a preliminary site visit or a meeting with the Applicant prior to consideration of the application.
4. The Applicant accepts all Council Rules, standards in Teaching Faculty Framework and course approval criteria (specifically set out in the Education and Training Standards) along with any amendments thereto.
5. The Applicant confirms that the information provided on the Application Form and supporting materials is true and accurate.

If granted recognition, the Applicant agrees that it shall nominate responsible person(s) to:

6. Manage internal quality assurance/enhancement procedures.
7. Keep itself informed and ensure full compliance with relevant Council Rules on an ongoing basis.
8. Ensure full compliance with the current version of the Council's Education and Training Standards as soon as practically possible after issue and certainly no later than the timeframe outlined from time to time in correspondence on behalf of the Council to the institution.
9. Monitor and manage the quality of every approved course delivered, including teaching staff (faculty members).
10. Ensure full compliance with the assessment/examination and certification requirements for students for every PHECC approved course.
11. Ensure full compliance with Council's Quality Review Framework.
12. Respond to information requests as determined by Council from time to time.
13. Maintain its website information regarding PHECC approved courses correct and in compliance with Council's logo usage policy.

14. Apply to Council for approval for any subsequent organisational or governance changes that are relevant to its status as a PHECC recognised institution.
15. In the event that an application is made to renew its recognition status with the Council, that such an application is made in a timely manner and no later than every 3 years.

I do solemnly and sincerely declare that: - The information on this form is true and that I signed this form in my own handwriting, duly authorised to do so on behalf of the applicant pre-hospital emergency care service provider.
and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

(Signed) _____

Name

Declared before me by **Name** _____ who is personally known to me (or who is identified to me by **Name**. who is personally known to me) at:-

Signed _____
Name

Notary public, commissioner for oaths, peace commissioner, person authorised by law to take and receive statutory declarations.

This day of ___/___/___ at _____ in the County of _____



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