

Pre-Hospital  
Emergency Care  
Council



Application Form and Guide  
for  
Recognition or Approval of Institutions  
to deliver PHECC courses

## **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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### **Version History**

(Please visit the [PHECC website](http://www.phecc.ie) to confirm current version.)

| <b>FOR032 Application Form and Guide for Recognition or Approval of Institutions to deliver PHECC Courses</b> |             |  |
|---|-------------|--|
| <b>Version</b>  | <b>Date</b> | <b>Details</b>                               |
| V1  | July 2014   | This form replaces LIS001 (V5)               |
| V2  | July 2015   | Revision of 1.20 - Quality Management Policy |
| V3  | April 2021  | Updated                                      |

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## Application Form and Guide for Recognition or Approval of institution

### Introduction

This form shall be used by new Applicant institutions seeking Recognition at Practitioner Level: Emergency Medical Technician (EMT) - Paramedic (P) - Advanced Paramedic (AP) or Approval at Responder Level: Cardiac First Response (CFR) - First Aid Response (FAR) – Emergency First Response (EFR) suite of courses. from the Pre-Hospital Emergency Care Council (PHECC).

### Interpretation

In this application form please be aware that:

“Council” means the Pre-Hospital Emergency Care Council.

“Recognised Institution (RI)” means an institution recognised by the Council under Article 4(a) of S.I 109 of 2000, as amended.

“Approved Training Institution (ATI)” means an institution approved by the Council to provide a recognise course in pre-hospital emergency care under Article 4 (h) (ii)

“Applicant Institution” or “The Applicant” refers to an organisation preparing to apply, or in the process of applying, for recognition at NQEMT course level or applying for approval at responder course level.

“teaching faculty” hereafter ‘faculty’ in this context means PHECC certified instructors, assistant tutors, tutors, facilitators and instructor trainers who may be employees, subcontractors and external/affiliated instructors.

New Applicants are directed to read the following PHECC documents, available on the PHECC website, to determine that the institution can comply with all the stated requirements:

- **Statutory Declaration for Recognition of Institutions or Approval of Training Institutions**  
The Statutory Declaration is required as part of the application process and should be read carefully.
- **Quality Review Framework (QRF)**  
The QRF is Council’s mechanism for a regular overview of an institution’s learning and teaching activity. It is designed to evaluate the management and maintenance of education and training standards in course delivery. The QRF refers to the need for established policies and procedures to support quality assurance within the institution recognised or approved to deliver PHECC courses. The quality standards are the agreed statements of best practice to ensure the quality of education and training in pre-hospital emergency care. There are 17 quality standards, organised in 4 themes, against which every PHECC recognised or approved training institution will be assessed and must continuously strive to achieve.
- **Council Rules for the Recognition of Institutions and Approval of Training Institutions**  
The Rules set out the procedure for recognition that will apply to all institutions providing education and training to persons pursuing the award of the national qualification in emergency medical technology (NQEMT) and PHECC responder level certificates.

- **PHECC Education and Training Standards**

For each course application, familiarity with the course approval criteria section at the end of each standard is essential.

- **PHECC Teaching Faculty Framework**

The framework sets out five fundamental levels of teaching qualifications to support delivery of all PHECC Education and Training Standards.

## **Pre-submission meeting**

All new applicants must contact the PHECC office to arrange a pre-submission meeting with PHECC officers.

The email contact for this is [RI-ATI-info@phecc.ie](mailto:RI-ATI-info@phecc.ie). At the meeting you must be able to show evidence of capacity to comply with the requirements set out in the QRF, the Teaching Faculty Framework, Council Rules and the Education and Training Standards. It is expected that the applicant will have read the associated documentation listed above in preparation for this meeting. Any questions you may have at this stage will be addressed.

## **Pre-approval site visits**

PHECC officers, after a review of all supporting documentation, may decide to arrange a pre-approval site visit.

## **Course application**

Every new application for Recognition of Institution (at practitioner level) or Approval of Training Institution (at responder level) must be accompanied by only one course application and the correct fee in accordance with Council's current Schedule of fees. When approved, institutions can apply for additional courses at any stage in the future.

**Note:** If more than one course application is received, the institution will be contacted and advised to select one course.

## **Application assessment**

Only complete applications, with payment and the relevant supporting documentation submitted, will be assessed against Council Rules and the Quality Review Framework including course approval criteria. It is in the applicant's interest to ensure all documents requested are included to avoid delays.

## **Application outcomes**

PHECC conduct detailed reviews of all applications and supporting documentation. If deemed necessary, additional detail or clarification will be requested within 2 weeks. PHECC will inform applicants of the outcome within 10 weeks of PHECC's receipt of a **complete** application.

Applicant institutions will receive notification of Council's decision and information regarding making an appeal will be provided, if relevant.

- Unsuccessful applicants will be informed, and relevant feedback will be provided.
- Unsuccessful applications will be retained by PHECC for a period of 1 month only, after which they will be deleted from PHECC's records. Any subsequent application will warrant full payment of fees.

## Completing this form

The applicant institution shall respond to all sections in this form. If an item is not applicable, please note as *Not Applicable*. Incomplete forms and/or applications not accompanied by the application fee will not be processed and the applicant will be notified of the cancellation of the application after 3 months. The incomplete application will be deleted, and the application fee, if paid will be refunded.

This form consists of:

### Applicant institution details

Applicant Institution details must be provided.

### Quality themes

To facilitate the submission of documentation in support of this application Council's Quality Review Framework themes are used.

- Theme 1: Organisation Structure and Management
- Theme 2: The Learning Environment
- Theme 3: Human Resource Management
- Theme 4: Course Development, Delivery and Review

## Applicant checklist

The checklist is to ensure that all the required information and supporting documentation has been provided.

### Submission of documentation

PHECC have developed an online folder structure that utilises SharePoint for applicants to upload supporting documentation for their applications. This completed form must be scanned and uploaded to SharePoint. The individual completing this form is requested to review and confirm that all information and supporting documentation has been provided. It is strongly recommended that a copy of the application form is retained by the applicant.

Details about access to SharePoint will be comprehensively discussed with institution personnel at the pre-submission meeting. The folder structure on SharePoint mirrors the reference numbers in the Application form. Incorrectly named or incomplete documents will be returned to the applicant institution, the applicant's cooperation in this regard is requested.

For tracking and evaluation purposes it is essential that documents are correctly named prior to uploading onto the PHECC online system:

### Example 1

#### Theme 1 Organisation Structure and Management

In 1.1 Organisational Structure, the institution is requested to provide an *"Organisation Chart" and other documentation*, the submitted documents should be clearly identified by including the reference number before the name, i.e., **1.1 Organisation chart** and **1.1 Organisation structure**.

### Example 2

Also in Theme 1, 1.7 Complaints and Appeals Policy, the institution is asked to give details *"of how the institution handles and manages complaints and appeals from clients and students"*.

The submitted document should be clearly identified by including the reference number before the policy name, i.e., **1.7 Complaints and appeals policy**.

### Example 3

#### Theme 4: Course Development, Delivery and Review

In 4.3 Course Development Delivery and Review Policy, the institution is asked for evidence of: Learners Feedback Forms and Course Evaluation Forms and Other documentation (as relevant).

As these documents are in the same section the names would be clearly identified by including the same reference number before the policy name, i.e., **4.3 Learner & faculty feedback forms** and **4.3 Course evaluation form**.

### Statutory declaration

The completion of the Statutory Declaration is the applicant institution's formal commitment at the application stage that the information provided is true and that it is signed by a person, duly authorised to do so on behalf of the applicant institution. It must be witnessed by a Commissioner for Oaths/Practising Solicitor. Please note the complete Statutory Declaration can be uploaded to SharePoint, however, the original copy, signed and witnessed, must be sent to the PHECC office.

### Protected documents

The application form together with the statutory declaration have been developed as protected documents. It is not permissible to alter the Form or make any changes to it or the statutory declaration. If any changes or alternations are noted the application will be returned, and the application fee refunded.

### Schedule of fees and payment

Applications are not deemed complete until all required submissions have been made, including payment of the appropriate fees. See Council's current Schedule of fees on the PHECC website. Payment may be made through:

**PayPal** <http://paypal.phecc.ie/paypal.htm>

Or

#### Electronic Fund Transfer (EFT)

|               |                                     |
|---------------|-------------------------------------|
| Account Name: | Pre-Hospital Emergency Care Council |
| Account No:   | 38367262                            |
| Sort Code:    | 93-32-36                            |
| IBAN:         | IE29 AIBK 9332 3638 3672 62         |
| BIC:          | AIBKIE2D                            |

### Annual renewal

Applicant should note that a renewal application is required on an annual basis for every Recognised Institutions (RI) and Approved Training Institution (ATI) as outlined in correspondence on behalf of the Council to the institution. Institutions must apply for renewal and include the following:

- Completed renewal information.
- Completed declaration form.
- Payment of appropriate renewal fee in accordance with Council's current schedule of fees.

## Application form

The Applicant will provide information under the headings below to Council's satisfaction. Please upload, via SharePoint, copies of current policies, procedures and all supporting documentation. By applying for approval, the institution agrees to comply with Council Rules incorporating the Quality Review Framework.

*Note: Information marked with an asterisk (\*) will be shown on the PHECC website after approval is granted.*

All sections must be completed.

| Applicant institution details   |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
|---|---|----------------|--------------------------|----------------------------|--------------------------|---------------------|--------------------------|------------------------|--------------------------|--------------------|--------------------------|-------------------------|--------------------------|-------------|--------------------------|--------------------|--------------------------|-------------|--------------------------|
| <b>Institution name *</b><br><i>Give applicant institution title in full.</i>   |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Trading name *</b><br><i>If different to the above</i>   |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Business address 1*</b><br><i>Registered office of the Institution</i>   |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Business address 2</b>   |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Town/City</b>  |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>County</b>   |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Eircode</b>  |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Business telephone number *</b>  |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>General email address *</b>  |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Website address *</b>  |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Head of institution and title</b>  |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Tel/Mob No. of Head of the institution</b>   |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Email of Head of the institution</b>   |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Main contact name and job title *</b><br><i>with whom PHECC will communicate regarding this application and subsequent correspondence from PHECC.</i>  |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Tel/Mob number of main contact *</b>   |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Email of main contact</b>  |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Please <input checked="" type="checkbox"/> the appropriate boxes and upload supporting documentation to SharePoint</b>   |   |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| <b>Institution type and date founded</b><br><br><i>Select the title that best describes the institution as a legal entity.</i><br><br><i>Provide also the date of foundation.</i><br><u>Date founded:</u> | <table border="0"> <tr><td>Statutory Body</td><td><input type="checkbox"/></td></tr> <tr><td>Educational Training Board</td><td><input type="checkbox"/></td></tr> <tr><td>Commercial Business</td><td><input type="checkbox"/></td></tr> <tr><td>Voluntary Organisation</td><td><input type="checkbox"/></td></tr> <tr><td>Registered charity</td><td><input type="checkbox"/></td></tr> <tr><td>Educational Institution</td><td><input type="checkbox"/></td></tr> <tr><td>Partnership</td><td><input type="checkbox"/></td></tr> <tr><td>Registered Company</td><td><input type="checkbox"/></td></tr> <tr><td>Sole Trader</td><td><input type="checkbox"/></td></tr> </table> | Statutory Body | <input type="checkbox"/> | Educational Training Board | <input type="checkbox"/> | Commercial Business | <input type="checkbox"/> | Voluntary Organisation | <input type="checkbox"/> | Registered charity | <input type="checkbox"/> | Educational Institution | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Registered Company | <input type="checkbox"/> | Sole Trader | <input type="checkbox"/> |
| Statutory Body  | <input type="checkbox"/>  |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| Educational Training Board  | <input type="checkbox"/>  |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| Commercial Business   | <input type="checkbox"/>  |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| Voluntary Organisation  | <input type="checkbox"/>  |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| Registered charity  | <input type="checkbox"/>  |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| Educational Institution   | <input type="checkbox"/>  |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| Partnership   | <input type="checkbox"/>  |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| Registered Company  | <input type="checkbox"/>  |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |
| Sole Trader   | <input type="checkbox"/>  |                |                          |                            |                          |                     |                          |                        |                          |                    |                          |                         |                          |             |                          |                    |                          |             |                          |



## Theme 1: Organisation structure and management

### Quality standards

#### 1.1: Governance

The institution has fit-for-purpose governance that ensures objective oversight, clear lines of authority and accountability for all activities associated with PHECC approved courses.

#### 1.2: Management systems and organisational processes

The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.

#### 1.3: Continuous quality improvement

The institution has a proactive, systematic approach to monitoring, reviewing, and enhancing education and training activities.

#### 1.4: Transparency and accountability

The institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place with and between all relevant stakeholders.

| Ref No. | Please <input checked="" type="checkbox"/> the appropriate boxes and upload supporting documentation to SharePoint   |   |
|---------|--|---|
| 1.1     | <b>Organisational structure</b><br><i>Give outline of institutional governance appropriate to its needs, size and complexity to ensure education and training is provided to a consistently high standard.</i><br><br><i>Please provide an organisational chart.</i><br><br><i>Explain management structure, roles and responsibilities including individuals carrying out oversight roles e.g., "internal verifier" and "external authenticator" and other as relevant.</i> | Organisational chart <input type="checkbox"/><br><br>Documentation <input type="checkbox"/>   |
| 1.2     | <b>Affiliation with higher education institute</b><br><i>Give name of higher education institute (Medical or Nursing school) and the names and titles of lead persons involved (see also 1.3 &amp; 1.4.).</i><br><br><i>Provide copies of MOU or SLA as relevant.</i>  | <i>Requirement for paramedic and advanced paramedic courses only</i><br><br>Documentation <input type="checkbox"/><br><br>Not applicable <input type="checkbox"/> |
| 1.3     | <b>Is the institution part of a larger organisation?</b><br><i>If Yes, please give details.</i>  | Not applicable <input type="checkbox"/><br><br>Yes <input type="checkbox"/><br><br>Documentation <input type="checkbox"/>   |
| 1.4     | <b>Is the institution providing accredited training from any other awarding bodies?</b><br><br><i>If Yes, please give details.</i>   | Not applicable <input type="checkbox"/><br><br>Yes <input type="checkbox"/><br><br>Documentation <input type="checkbox"/>   |
| 1.5     | <b>Business case</b><br><i>Give a business case/rationale to deliver PHECC approved courses to include experience to date (if any) with education and training.</i>  | Documentation <input type="checkbox"/>  |
| 1.6     | <b>Education/training mission statement</b><br><i>Give details of the mission statement in relation to pre-hospital care emergency education and training.</i>   | Documentation <input type="checkbox"/>  |

**Theme 1- continued:**

|             |   |  |
|-------------|---|--|
| <b>1.7</b>  | <b>Complaints and appeals policy</b><br><i>Give details of how the institution handles and manages complaints and appeals from clients and students.</i>  | Documentation <input type="checkbox"/>   |
| <b>1.8</b>  | <b>Quality assurance policy</b><br><i>Give a policy statement regarding the responsibility, vision and commitment to continuously monitor the quality of the design and delivery of every PHECC approved course.</i>  | (ref PHECC's QRF Continuous Quality Improvement Toolkit)<br>Documentation <input type="checkbox"/> |
| <b>1.9</b>  | <b>Record management policy</b><br><i>Give a policy statement that expresses a vision for the sound structure for records maintained including faculty, students, courses, assessments and awards etc.</i>  | Documentation <input type="checkbox"/>   |
| <b>1.10</b> | <b>Financial viability</b><br><i>Provide Tax Reference Number and Tax Access Number.</i>  | Ref No.:<br>Access No.:<br><br><u>Or</u><br>Documentation <input type="checkbox"/>                 |
| <b>1.11</b> | <b>Evidence of insurances</b><br><i>Provide copies of current in-date employer's insurance, public liability insurance and relevant professional indemnity.</i><br><i>A statement to explain how external/affiliated faculty members insurance is required.</i> | Documentation <input type="checkbox"/>   |

## Theme 2: The learning environment

### Quality standards

#### 2.1: Training infrastructure

Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.

#### 2.2: Student support

A positive, encouraging, safe, supportive, and challenging environment is provided for students.

#### 2.3: Equality and diversity

There is a commitment to provide equal opportunities for students and personnel in compliance with relevant equality legislation.

#### 2.4: Internship/clinical placement

Internship/clinical placement sites are appropriate to course content the learning outcomes to be achieved, (NQEMT courses only).

| Ref No. | Please <input checked="" type="checkbox"/> the appropriate boxes and upload supporting documentation to SharePoint   |  |
|---------|--|--|
| 2.1     | <b>Health, safety and welfare policy</b><br><i>Give a policy statement regarding compliance with legal requirements.</i><br><i>A copy of the safety statement is <u>not</u> required.</i>  | Documentation <input type="checkbox"/>   |
| 2.2     | <b>Communication policy</b><br><i>Give a policy statement regarding the institution's communication's procedures to staff students/learners and external stakeholders.</i>   | Documentation <input type="checkbox"/>   |
| 2.3     | <b>Equality and access to training policy</b><br><i>Give a policy statement that expresses a vision and commitment to equality in access to admission and training that accommodates diversity and combats discrimination.</i>   | Evidence of provision of reasonable accommodation for students with additional support needs <input type="checkbox"/><br>Other supporting documentation <input type="checkbox"/> |
| 2.4     | <b>Training infrastructure</b><br><i>Give details of the training premises and equipment to accommodate student learning and course delivery.</i>  | Premises' selection and equipment maintenance procedures <input type="checkbox"/><br>Other supporting documentation <input type="checkbox"/>                                     |
| 2.5     | <b>Library and Information and communication technology (ICT) services</b><br><i>Provide details on the range of library facilities available including remote access to online journals etc., computer and internet facilities available to students and staff etc.</i> | <i>Requirement for NQEMT courses only</i><br>Documentation <input type="checkbox"/><br>Not applicable <input type="checkbox"/>   |

## Theme 3: Human resource management

### Quality standards

#### 3.1: Organisational staffing

The institution has sufficient, appropriately qualified, and experienced personnel to maintain high quality education and training activities.

#### 3.2: Personnel development

The institution has a systematic approach to supporting and developing all personnel ensuring they have competencies required to deliver high quality education and training.

#### 3.3: Personnel management

A systematic approach is taken to managing all individuals and groups engaged in education and training activities.

#### 3.4 Collaborative Provision

Appropriate contractual and quality assurance arrangements are in place with contracted staff.

| Ref No. | Please <input checked="" type="checkbox"/> the appropriate boxes and upload Supporting Documentation to SharePoint  |   |
|---------|---|---|
| 3.1     | <b>Code of conduct for staff and faculty</b><br><i>Give a policy statement regarding the Code of Conduct for Staff and Faculty Members.</i>   | Documentation <input type="checkbox"/>  |
| 3.2     | <b>Faculty management policy</b><br><i>Give a statement that explains how the institution manages faculty members, including recruitment, ensuring they are providing up to date, accurate, and high quality PHECC approved courses.</i><br><i>Management must include monitoring of training activities of all teaching faculty (employed and subcontracted tutors, instructors and external/affiliated instructors delivering joint institution and PHECC courses).</i> | Sample agreement between institutions and all external/affiliated faculty <input type="checkbox"/><br><br>Monitoring procedures for courses delivered by contracted staff or external faculty <input type="checkbox"/><br><br>Other supporting documentation <input type="checkbox"/> |
| 3.3     | <b>Training and development plan</b><br><i>Give a statement that explains how the institution meets the support and development needs of all teaching faculty.</i>  | Documentation <input type="checkbox"/>  |
| 3.4     | <b>Teaching faculty records</b><br><i>Give a statement that explains how the institution manages and monitors records of in-date PHECC educational award or Instructor certification and other qualifications.</i>  | Documentation <input type="checkbox"/><br><br><i>Note – Detailed faculty information is required with the course application form/s.</i>  |
| 3.5     | <b>Child safeguarding policy</b><br><i>Give a declaration that sets out the intention to keep children safe from harm. It should state your intention to comply with national policy, current legislation and guidance.</i>   | Documentation <input type="checkbox"/><br><br>Not applicable <input type="checkbox"/>   |
| 3.6     | <b>Garda vetting procedures</b><br><i>Under the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 all persons/ Instructors working with children and vulnerable adults are required to undergo vetting prior to appointment and commencement of work.</i>   | Documentation <input type="checkbox"/><br><br>Not applicable <input type="checkbox"/>   |

## Theme 4: Course development, delivery and review

### Quality standards

#### 4.1: Course development and approval

A systematic approach is taken for course development and approval.

#### 4.2: Course delivery, methods of theoretical and clinical instruction

Courses are delivered in a manner that meet students' needs and in accordance with PHECC guidelines.

#### 4.3: Course access, transfer and progression

Course information is clear, and access is fair and consistent, with recognition of prior learning as appropriate.

#### 4.4: Course review

Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.

#### 4.5: Assessment and awards

Assessment of student achievement is carried out in a fair and consistent manner in line with PHECC assessment criteria.

| Ref No. | Please <input checked="" type="checkbox"/> the appropriate boxes and upload supporting documentation to SharePoint   |   |
|---------|--|---|
| 4.1     | <b>Admissions policy</b><br>Give a statement to express the institutions admission policy and/ or clear entry criteria for PHECC courses.  | Documentation <input type="checkbox"/>  |
| 4.2     | <b>Recognition of prior learning policy</b><br>Give a policy statement that expresses the vision regarding the identification, assessment, and recognition of learning to facilitate access and progression to help the student make informed choices to enter and successfully participate in the courses on offer.<br>If no RPL will be offered this must be clearly stated. | Documentation <input type="checkbox"/><br><br><i>Note - A procedure specific to every PHECC course is required with the course application form/s.</i>  |
| 4.3     | <b>Course development delivery and review policy</b><br>Give a policy statement to express how the institutions will develop, deliver and review courses to reflect PHECC requirements and any changes thereof. PHECC requirements are set out in education and training standards, CFR Training materials, clinical practice guidelines and exam standards.                   | Evidence of learners and faculty feedback forms <input type="checkbox"/><br><br>Evidence of course director course evaluation forms <input type="checkbox"/><br><br>Other supporting documentation <input type="checkbox"/>   |
| 4.4     | <b>Assessment and awards policy</b><br>Give a policy statement to express the vision and commitment to adhere to PHECC's criteria for assessment-Responder and NQEMT level courses as applicable.<br><br>(Ref PHECC's NQEMT Exam handbook and PHECC's Responder Examination handbook)  | Evidence of how PHECC responder certification will be managed <input type="checkbox"/><br><br>Other supporting documentation <input type="checkbox"/><br><br><i>Note - A procedure specific to every PHECC course is required with the course application form/s.</i> |
| 4.5     | <b>Internal verification and external authentication policy</b><br>Give a policy statement to express that as a key component of a quality system the institution is committed to internal verification and external authentication  | (ref PHECC's QRF Continuous Quality Improvement Toolkit)<br><br>Documentation <input type="checkbox"/>  |

## Applicant checklist

| Please take a few minutes to review and confirm the following:  |  |
|---|--|
| Applicant institution details   | Fully completed <input type="checkbox"/> |
| Themes 1: Organisation structure and management   | Fully completed <input type="checkbox"/> |
| Theme 2: The learning environment   | Fully completed <input type="checkbox"/> |
| Theme 3: Human resource management  | Fully completed <input type="checkbox"/> |
| Theme 4: Course development, delivery and review  | Fully completed <input type="checkbox"/> |
|   |  |
| In accordance with the Schedule of Fees, the due amount in relation to this institution application has been paid:  | Yes <input type="checkbox"/>             |
| <b>Fee:</b>   |  |
| Date Paid:  | Course fee: Payment method:              |
| The Statutory Declaration has been lawfully completed and uploaded  | Completed <input type="checkbox"/>       |
| The original copy of the Statutory Declaration has been posted to PHECC   | Completed <input type="checkbox"/>       |
| Applicant confirms that they have reviewed PHECC's: <ul style="list-style-type: none"> <li>• Quality Review Framework</li> <li>• Council Rules for Recognition of Institution and Approval of Training Institution</li> <li>• PHECC's Education and Training Standards</li> <li>• PHECC Teaching Faculty Framework</li> </ul> | Yes <input type="checkbox"/>             |

### Details of individual completing this form:

|                |  |
|----------------|--|
| Name:          |  |
| Date:          |  |
| Contact email: |  |
| Phone/Mob no:  |  |

### Final guidance for completing the institution application

When all the required documentation has been completed and uploaded to SharePoint in support of this institution application, please proceed to the relevant course application form (practitioner or responder level). **Note: additional course fees will apply.**





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