



Institution Annual Renewal Form

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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Published by:

Pre-Hospital Emergency Care Council

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2nd Floor, Beech House
Millennium Park
Naas
Co Kildare
W91 TK7N
Ireland

T: + 353 (0)45 882042

E: info@phecc.ie

W: www.phecc.ie

Version History

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

FOR070 Annual Institution Renewal Form		
Version	Date	Details
1	April 2021	New form
2	June 2022	Update text line

Institution Annual Renewal Form

Institution name:	
Application submitted by:	
Job title:	
Telephone number:	
Email address:	
Tax compliance details	
Tax reference number:	
Tax access number:	

Checklist of documents/evidence uploaded to SharePoint folder

1.	Up-to-date faculty membership <i>(use PHECC Named faculty forms. Other formats are only accepted when all the required information is included)</i>	<input type="checkbox"/>
2.	Recent and dated Quality Review Framework Self-Assessment Toolkit incorporating - (a) Self-Assessment Report (b) Quality Improvement Plan Report (c) QRF Assessment Matrix	<input type="checkbox"/>
3.	List of updated policies and procedures since last renewal <i>(if applicable)</i>	<input type="checkbox"/>
4.	Signed and dated 'non-statutory Declaration Form'	<input type="checkbox"/>
5.	In accordance with Council's Schedule of Fees, the due amount in relation to this institution renewal application has been paid:	<input type="checkbox"/>

Fee due and payment method used

<i>PHECC Office use only</i>	Amount due for annual renewal	€
Tick which payment method used		
<i>a.</i>	PayPal - http://paypal.phecc.ie/paypal.htm	<input type="checkbox"/>
<i>b.</i>	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 <i>**Note you must include your institution name as payment reference</i>	<input type="checkbox"/>
<i>c.</i>	Other method <i>If your Institution requires an invoice, please submit Purchase Order Number at time of request and ensure request is made in sufficient time for payment to be received by PHECC prior to renewal application submission date.</i>	<input type="checkbox"/>

If further information is required, please contact ri-ati-info@phecc.ie



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