Document Owner: LD Approved by: LD

Approval Date: 10/01/2019



NQEMT Viewing and Recheck Application Form

Examination Number																					
Previous Exam No. if applicable																					
Forename																					
Surrama				1																	
Surname				<u> </u>																	
Date of Birth))	Λ	/	N	/		Υ		Υ									
Contact Address								1													
		1	I							1	l		<u> </u>	ı							
Eircode																					
Contact Number																					
Email Address																					
PLEASE TICK AS APPROPRIATE AND INCLUDE PAYMENT																					
		¬																			
	VIEWING €60											ECK €40 //SWA)									
Viewing									oplications must be made within												
10 days	of rece	eiving	exam	ı rest	ılts	28 days of					of rece	receiving exam results									
PayPal	Bank Draft							Cheque				P(ostal Order						
EXAM DATE/(Please confirm your exam date)																					
EXAM LEVEL (Please Tick)						EXAM COMPONENT (Please Tick)															
- FNAT	_					100					00	<u> </u>									
EMT					l N	/ICQ					OSCE			Ш							
PARAMEDIC						/ICQ					OSCE					SWA					
I hereby declare that the above in current edition of the NQEMT	formati Viewii	on is t	true a	nd ac avail	curate able o	e. I hav on wy	ve rea	ıd, a hec	nd I v c.ie.	will fu	lly co	mply	with t	he te	rms a	nd co	onditi	ons a	s per	the	
Candidates signature:)ate:				_ /					
Appointment ID: (For office use only)												Date: /									

Data Protection: By signing this form I consent to PHECC holding and processing my personal data for the purpose of NQEMT examination. In line with General Data Protection Regulation (GDPR), PHECC will hold and process my data securely and confidentially PHECC may also use the data I provide for communication purposes with me. As appropriate I authorise PHECC and Prometric, PHECCs service partner under contract, to process my Personal Identification Data in order to fulfil examination obligations for the NQEMT examination. PHECC will make every effort to ensure my data is correct, however, if any of my data is incorrect or inaccurate I will inform PHECC in writing (email acceptable). A copy of my data currently held by PHECC and or Prometric, as appropriate, may be obtained upon written request to The Examinations Officer, Pre-Hospital Emergency Care Council, Beech House, Millennium Park, Osberstown, Naas, Co Kildare W91 TK7N