NQEMT PARAMEDIC EXAM APPLICATION FORM

Insert Passport Sized Photo here

Examination Number | | | | | |

Previous Exam No. if applicable

Exam Application **MCQ** ☐ **OSCE** ☐ **SWA** ☐

For applicants repeating examinations- please include €100 fee

Forename

Surname

Date of Birth D D M M Y Y

Contact Address

Eircode

Contact Number

Email Address

Please use BLOCK Capitals

I hereby declare that the above information is true and accurate to the best of my knowledge and belief. I have read and I will fully comply with the NQEMT examination handbook terms and conditions as per the current edition of the PHECC NQEMT Examination Handbook. I understand that my NQEMT results may be shared with my Recognised Institution (RI).

Candidate Signature_____ **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 EMT MCQ 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.

Recognised Institution Statement

I, the undersigned, confirm that the above-named candidate has fulfilled PHECC's requirement for eligibility to sit the NQEMT examination and has undertaken training at the appropriate level and successfully completed all elements of the training course prior to submitting an application to sit the NQEMT examination.

Course Number: _____

Completion Date: _____

Upskilling / RPL Date: _____

Course Director: _____

Signature _____Date: _____

Recognised Institution Stamp