



NQEMT Paramedic Application Form

Examination Number

Previous Exam No. if applicable

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*For repeat candidates please include relevant fee

Insert Passport
Photo Here

Exam Application:

MCQ

OSCE

SWA

Forename

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Surname

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Date of Birth

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(DD/MM/YYYY)

Contact Address

Eircode

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Contact Number

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Email Address

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(Please use Block Capitals)

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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 agree to allow my NQEMT exam results be shared with my Recognised Institution (RI).

Yes:

No:

Candidates 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).

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 examination.

Course Number:

Completion Date:

Upskilling / RPL Date:

Course Director:

Signature:

Date:

____/____/____

Recognised Institution Stamp