

**Application Form for Registration in the PHECC Register of Pre-Hospital
Emergency Care Practitioners under the provisions of Statutory Instrument
575/2004 PHECC Amendment Order**



Section 1 (please confirm your details) Demographics

Title: Mr. / Ms. / Mrs. / Other *(Delete as appropriate)*

Surname:!* +
(as per Birth Certificate / Marriage Certificate / Deed Poll)

Forename:!* + 1st
(as per Birth Certificate or Deed Poll)

2nd

Maiden Name:!
(If different from surname above)

! If you wish to enter your name as per your Marriage Certificate / Deed Poll please enclose a notarised copy of same

Gender: Male Female

Date of Birth: +
D D M M Y Y Y Y

Nationality:

Contact Address:

Contact Telephone No.:
(Landline or Mobile) (Please include international dialling codes where applicable)

Email Address: _____

PHECC Personal Identification Number (PIN): * +

ID Photo
(Passport sized)
(you must be clearly identifiable)

Official Use Only

Payment Method
€10 Fee

Data Protection
By submitting this form you consent to PHECC holding and processing your personal data for the purpose of Professional Registration. In compliance with the Data Protection Acts 1988 & 2003, when PHECC is provided with personal data, we will hold the data, together with other information, securely and confidentially and process it for the purpose of maintaining a Professional Register and research. PHECC makes the following information available to the public on our website: Surname, Forename, PIN, registration status. PHECC may disclose the following information to PHECC licenced CPG service providers: Surname, Forename, Date of Birth, PIN, and registration status, original registration date, license expiry date. We may also use the data you provide for communication purposes with you. PHECC make every effort to ensure your data is correct, however, if any of your data is incorrect or inaccurate please inform PHECC in writing (email acceptable). A copy of your data currently held by PHECC may be obtained upon written request to The Registration Officer, Pre-Hospital Emergency Care Council, 2nd Floor, Beech House, Millennium Park, Naas, Co Kildare, W91 TK7N, Ireland.

Section 2

Training & Qualifications

1. NAME OF TRAINING INSTITUTION THROUGH WHICH PRE-HOSPITAL EMERGENCY CARE TRAINING WAS OBTAINED:

2. DETAILS OF NQEMT AWARD:

Enter your PHECC Qualification No. **

/ /

3. NQEMT CERTIFICATE NUMBER:

Official Use Only

Section 3

PHECC Register

4. PHECC REGISTER**

I wish to apply to join the PHECC Register for Pre-Hospital Emergency Care Practitioners in the following division:

Advanced Paramedic (AP)

Paramedic (P)

Emergency Medical Technician (EMT)

Official Use Only

Section 4

Curriculum Vitae

Please enter the name of the Licenced CPG Provider you are currently practicing with:

Name of Employer:

Full Employer Address:

Declaration & Commitment

To: Registrar, Pre-Hospital Emergency Care Council (PHECC)

I, the undersigned hereby apply for registration in PHECC Register of Pre-Hospital Emergency Care Practitioners and for that purpose hereby formally declare and confirm that:-

1. My performance as a healthcare practitioner has not been the subject of any adverse finding arising from an inquiry by any employer, healthcare regulatory or registration authority and there is no inquiry in being or contemplated against me or in relation to my performance in any country inside or outside the European Union.
2. I consent and authorise PHECC to make any enquiry or enquiries with anybody or person in pursuance of my application for registration as a pre-hospital emergency care practitioner.
3. I declare that;
 - a. I am currently certified at Cardiac First Response - Advanced level and will maintain this certification for the duration of my registration with PHECC.
 - b. I am familiar with the current PHECC Clinical Practice Guidelines relevant to my registration status and provide a certificate of completion from
 - I. the PHECC CPG Familiarisation Module online or
 - II. a certificate from a PHECC licenced CPG service provider or a PHECC recognised institution confirming the applicant's familiarisation with the current PHECC CPGs relevant to their registration status.
 - c. I will only practice in accordance with the CPG privilege issued to me by the licenced CPG service provider on whose behalf I am practicing.
 - d. I am competent in spoken and written English.
 - e. I will comply with the Continuing Professional Competency (CPC) requirements associated with my status on the PHECC Register.
 - f. I will comply with the current PHECC Code of Professional Conduct and Ethics for pre-hospital emergency care practitioners.
 - g. I will record all appropriate information in Patient Care Reports.
 - h. I will co-operate with enquiries by the Fitness to Practice Committee, Health Committee or their sub-committees.
 - i. I will support interns and colleagues.
 - j. I am responsible for maintaining the currency of my contact details with PHECC.
4. I affirm that I have no:
 - a. criminal conviction or criminal proceedings pending against me other than those disclosed in my application for registration
 - b. known health condition or addiction that could affect my fitness to practice as a pre-hospital emergency care practitioner other than conditions or addictions disclosed in my application for registration.
5. I am aware and agree that;
 - a. eligibility for registration is dependent on compliance with the rules governing the PHECC Register
 - b. once granted, my registration must be renewed annually
 - c. re-registration notifications will be sent by email
 - d. registration applications will not be processed without payment of the appropriate registration fee in advance
 - e. a fraudulent or inaccurate registration application may preclude me from joining the PHECC Register.
6. I know of no reason why the PHECC should not grant me registration.
7. All information submitted with this application is true and accurate to the best of my knowledge and belief.

Signature: _____

Date: _____