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| **Form B**Pre-Hospital Emergency Care Council**recognitionqualifications@phecc.ie** |



**TO THE APPLICANT:** Complete Part 1 only and ensure that Part 2 is completed by a current professional referee and returned directly by email to recognitionqualifications@phecc.ie.

**Note:** The referee completing this reference MUST be from a current/recent employer who can confirm your professional post qualification experience.

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| **Form B Part 1: Applicant details** |

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| Applicant name: | Click or tap here to enter text. |
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| Applicant date of birth: | Click or tap to enter a date. |
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| Address: | Click or tap here to enter text. |
|  |
| Job title/position: | Click or tap here to enter text. |

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| **Form B Part 2: Professional reference** |

**THIS SECTION MUST BE COMPLETED BY THE REFEREE**

The applicant named in Part 1 above is applying for registration in Ireland. You should complete this reference only if you are or have been responsible for managing or supervising the applicant’s current or recent professional practice.

Please complete and return directly by email to recognitionqualifications@phecc.ie.

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| In what capacity is the applicant known to you? (e.g. employee, student or volunteer) | Click or tap here to enter text. |

**Employment dates:**

|  |  |
| --- | --- |
| Employment commencement: | Click or tap to enter a date. |
|  |
| Employment cessation: | Click or tap to enter a date. |
|  |
| Still employed: |[ ]
|  |
| Hours worked per week: | Click or tap here to enter text. |

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| Describe the applicant’s typical work setting and include the range of patients and types of conditions treated: |
| Click or tap here to enter text. |

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| Describe the applicant’s authority to practice EMS. For example: under medical practitioner instructions, independently or in accordance with guidelines or operating procedures: |
| Click or tap here to enter text. |

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| Were there any restrictions on the applicant’s practice? (e.g., can work under supervision only): |
| Click or tap here to enter text. |

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| Any other relevant comments: |
| Click or tap here to enter text. |

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| **Form B Part 3: Referee details** |

I certify that this reference represents a true and comprehensive statement of the practice of the applicant named in Part 1 of this form:

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| Referee name: | Click or tap here to enter text. |
|  |
| Job title/position: | Click or tap here to enter text. |
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| Name of employer: | Click or tap here to enter text. |
|  |
| Work address: | Click or tap here to enter text. |
|  |
| Telephone number:please include international dialing code where applicable | Click or tap here to enter text. |
|  |
| Email: |  |
|  |
| Signed: |  |
| Please insert signature image or alternatively please print signatory page and sign before returning form by email to recognitionqualifications@phecc.ie |
|  |
| Date: | Click or tap to enter a date. |

**DATA PROTECTION**

By submitting this form, you consent to PHECC holding and processing your personal data for the purpose of this application. In compliance with the Data Protection Acts 2018 (and subsequent 2019 amendments) & GDPR Regulations when PHECC is provided with personal data we will hold the data securely and confidentially for the purpose of assessing your professional qualifications. PHECC may also use the data provided for communication purposes with you. PHECC will make every effort to ensure that your data is correct however, if any of my 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 Pre-Hospital Emergency Care Council, Assessment of Qualifications Section, 2nd Floor Beech House, Millennium Park, Osberstown, Naas, Co. Kildare, W91 TK7N, Ireland.

 Version history

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| **Version** | **Date** | **Details** |
| 1 | Dec 14 | New form  |
| 2 | Jan 22 | Updated  |