

Section 2

Eligibility Details

In order to be eligible to join the PHECC COVID19 Temporary Register you must:

- a) have been previously PHECC Registered (Please complete **Part A** below)
- or
- b) be currently registered/licenced to practice at a level comparative level in a regulated jurisdiction outside Ireland which can be swiftly verified by PHECC (Please complete **Part B** below).
- or
- c) be currently a Paramedic Student (Please complete **Part C** below) having completed a minimum of 11 weeks of the course and successfully passed the inhouse examination as attested to by the RI.

Part A

Individuals who were Previously PHECC Registered

Official Use Only

PHECC Personal Identification Number (PIN): * +

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I would prefer to register in the following Division:

You may opt to register in your previous Division or lower. PHECC may also assign your registration to a lower Division (please see the COVID19 Temporary Registration Rules for clarification).

Emergency Medical Technician (EMT)

Paramedic (P)

Advanced Paramedic (AP)

Part B

Individuals who are Currently Registered Outside Ireland

Country in which you are licenced:

Regulatory Authority Name:

Regulatory Authority Website:

Registered Title:
(Paramedic, EMT, etc)

Registration Number:

Licence Expiry Date:

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Verification of Professional Status:

In order to process this application, your professional status outside Ireland must be verifiable:

I have attached a valid Certificate of Good Standing (Current Professional Status/Registration Status) issued by the Regulatory Authority above.

My registered status can be verified using the details I have provided above.

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| Part C | Individuals who are <u>Currently Paramedic Students in Training</u> | |
| Recognised Institution providing Paramedic Training: | _____ | |
| Course Director : | _____ _____ | |

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| Section 3 | GDPR |
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By submitting this form you consent to PHECC holding and processing your personal data for the purpose of COVID19 Registration. In compliance with the GDPR Regulations, Data Protection Acts 2018 (and subsequent 2019 amendments), 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 COVID19 Register.

PHECC makes the following information available to the public on our website: Surname, Forename, PIN, registration status (COVID19) and expiry date.

PHECC may disclose the following information to PHECC Licenced CPG Service Providers: Surname, Forename, Date of Birth, PIN, and registration status.

Specifically for COVID19 registration, to facilitate the rapid deployment of COVID19 Licenced individuals, by submitting this form you are consenting to PHECC sharing your contact details (contact address, email address, contact number as provided in Section 1 of this form), licenced status and expiry date with statutory agencies who are CPG Licenced Service Providers and/or the Department of Health or any other entity if so directed by the Minister for Health or Legislation.

PHECC shall use the contact details you provide for COVID19 Registration to communicate with you in relation to the following:

- Registration (notifications, licence issue, etc.)
- Clinical Information relating to your practice (Safety Notices, changes to CPGs, product recalls, etc.)

You will remain on the COVID19 register until such time as you request Inactivation of this licence or the emergency legislation is withdrawn.

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.

Please see the PHECC website for further GDPR information in relation to Registration Data.

Declaration & Commitment

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

I, the undersigned hereby apply for registration in the COVID-19 special division of the 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 will certify at Cardiac First Response - Advanced level before I commence to practice and will, upon request, email a copy of my certificate to PHECC.
 - b) I am familiar with the current PHECC Clinical Practice Guidelines 2017 relevant to my registration status.
 - c) I will only practise in accordance with the CPG privilege issued to me by the licenced CPG service provider on whose behalf I am practising.
 - d) I will comply with the current PHECC Code of Professional Conduct and Ethics for pre-hospital emergency care practitioners.
 - e) I will record all appropriate information in Patient Care Reports.
 - f) I will co-operate with enquiries by the Fitness to Practise Committee, Health Committee or their sub-committees.
 - g) I will support interns and colleagues.
 - h) 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;
 - c. eligibility for registration is dependent on compliance with the rules governing the PHECC Register
 - d. this is a temporary COVID-19 special division and my registration must be reviewed as directed by Council
 - 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: _____