

## Registration – Declaration and Commitment (COVID-19)

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 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 practise 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. this is a temporary COVID-19 special division and my registration must be reviewed as directed by Council
  - c. 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.

### Data Protection

By submitting this form you consent to PHECC holding and processing your personal data for the purpose of COVID Registration. In compliance with the Data Protection Acts 1988 to 2018 (and subsequent 2019 amendments) & GDPR Regulations, when PHECC is provided with personal data, we will hold the data securely and confidentially and process it for the purpose of maintaining a COVID Register. PHECC makes the following information available to the public on our website: Surname, Forename, PIN, registration status & Expiry Date. 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.

Name \_\_\_\_\_  
(Block Capitals)

Signature: \_\_\_\_\_

PIN \_ \_ \_ \_

Date: / /2020