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| **Form A**  Pre-Hospital Emergency Care Council  [**recognitionqualifications@phecc.ie**](mailto:recognitionqualifications@phecc.ie) |

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| **TO THE APPLICANT:**  Provide details of your professional qualification using this form. This is the qualification which gives you eligibility to practice your profession in the country where it was obtained. This may be vocational training and/or undergraduate and post-graduate qualifications for which you are seeking recognition in Ireland.  If you wish that PHECC considers more than one qualification you must complete one form per qualification and have each one individually verified by the educational institute (See Part 3) |

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| **Form A Part 1: Education institute and course 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. | | |
|  | | | | | |
| Certificate number or equivalent: | | | Click or tap here to enter text. | | |
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| Study mode\*: | | | Choose an item. | | |
|  | | | | | |
| \*Other (please specify) | | | Click or tap here to enter text. | | |
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| Name of education institute in English: | | | Click or tap here to enter text. | | |
|  | | | | | |
| Name of institute in original language (if relevant): | | | Click or tap here to enter text. | | |
|  | | | | | |
| Name of department or school: | | | Click or tap here to enter text. | | |
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| Address: | Click or tap here to enter text. | | | | |
|  | | | | | |
| Website: | Click or tap here to enter text. | | | | |
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| Total no. of course years: | | Click or tap here to enter text. | Date of qualification award: | | Click or tap to enter a date. |
|  | | | | | |
| Course start date: | | Click or tap to enter a date. | Course end date: | | Click or tap to enter a date. |
|  | | | | | |
| Proportion of total course time allocated to academic teaching %: | | | | Click or tap here to enter text. | |
|  | | | | | |
| Proportion of total course time allocated to clinical placement %: | | | | Click or tap here to enter text. | |
|  | | | | | |
| Total number of clinical placements included in your course: | | | | Click or tap here to enter text. | |
|  | | | | | |
| Total number of hours/weeks spent in clinical placement | | | | Click or tap here to enter text. | |

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| You must include as much detail about your course as possible in this section. You must provide sufficient information about your qualification to allow a comprehensive assessment by PHECC. Sufficient evidence is likely to include learning outcomes, stated course objectives, guided learning hours.  **Note:** a timetable or list of subjects studied is not evidence of information required for assessment.  You must submit a new table for each year of your course, in chronological order ensuring to number each year.  To duplicate the below table please click inside the box and select the ‘**+**’ icon on the bottom righthand side.  This can be repeated as many times as required to provide all information. |

**Course year:** Choose an item.

**List subjects/modules:**

Click or tap here to enter text.

**Subject description: Outline content to include learning outcomes and/or competencies:**

Click or tap here to enter text.

**Hours studied:**

Click or tap here to enter text.

**Examination assessment/method:**

Click or tap here to enter text.

**Page/syllabus reference (if relevant):**

Click or tap here to enter text.

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| **Form A Part 2: Clinical practice placements undertaken during this qualification** |

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| You must submit a new table for each practice placement in chronological order ensuring to number each placement.  Follow the instructions above to duplicate the table. |

**Clinical practice placement number:** Choose an item.

**Place setting name (workplace/other):**

Click or tap here to enter text.

**Type of service\*:**

Choose an item.

**\*Other (please specify):**

Click or tap here to enter text.

**Start date:**

Click or tap to enter a date.

**End date:**

Click or tap to enter a date.

**Hours per week:**

Click or tap here to enter text.

**Total number of weeks:**

Click or tap here to enter text.

**Total number of hours spent in placement:**

Click or tap here to enter text.

**Assessment method:**

Click or tap here to enter text.

**Was the placement supervised by a professionally qualified senior person in your profession:**

Choose an item.

**Frequency of supervision:**

Click or tap here to enter text.

**Main duties, core skills and knowledge acquired in this placement:**

Click or tap here to enter text.

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| **Form A Part 3: Confirmation by the education institution** |

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| **TO THE EDUCATION INSTITUTE:**  You are asked to review this Form A (Parts 1-2) and verify the information provided by the applicant. Form A must be returned to the Pre-Hospital Emergency Care Council by email to [recognitionqualifications@phecc.ie](mailto:recognitionqualifications@phecc.ie)  Please ensure to use your official and verifiable email address as you will be contacted by this office. |

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| Name: | Click or tap here to enter text. |
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| Job title/position: | Click or tap here to enter text. |
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| Signed: | Shape  Description automatically generated with low confidence |
| Please insert signature image or alternatively please print signatory page and sign before returning form by email to [recognitionqualifications@phecc.ie](mailto:recognitionqualifications@phecc.ie) | |
|  | |
| Date: | Click or tap to enter a date. |
|  | |
| 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. |
|  | |
| Work email address: | Click or tap here to enter text. |
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**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 | Jan 2013 | New document |
| 2 | Dec 2014 | Form updated |
| 3 | March 2022 | Form updated |