**Application format:**

* This *application form* can be used to assist you to organise and submit the correct information. The application may be typed but ensure the numbering is used to present clear and sequential information.
* A hardcopy application must be submitted in an appropriate sized A4 2 Ring Binder. Please ensure a full application is made as incomplete applications will be returned and cause unnecessary delays.
* Every application for recognition must include: a signed complete *application form* (Parts I, II and III as required) including appendices, remittance notice including fee/s and a cover letter.
* The various policies and associated procedure documents must be supplied. Such information may be extracted from corporate documents as relevant and inserted as appendices and referenced in the *application form*. Providing references to page numbers in corporate documents will not be accepted.

**Application procedure:**

* **All new Applicants** must contact the office to arrange a pre-submission meeting with PHECC officers. At the meeting, Applicants must be able to show evidence of capacity to comply with Council’s quality review framework. Pre-approval site visits may also be arranged.
* Only complete applications will be assessed against Council Rules including course approval criteria.
* Successful Applicants will be informed in writing after 1-3 months.
* Unsuccessful Applicants will be informed in writing and feedback will be provided. Unsuccessful applications will be retained by PHECC for a period of 3 months only after which they will be shredded. Any subsequent application will warrant full payment of fees.

**Part I** Application Form: for Recognition of Institution

The applicant/recognised institution will provide information under the headings below to Council's satisfaction. Please attach copies of current policies, procedures and all supporting documentation. By submitting an application the signee agrees to comply with Council Rules.

*Note: Information marked with an asterisk (\*) will be shown on the PHECC website.*

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| --- | --- | --- |
| **Applicant Institution Details** | | |
| 1.1 | **Name\***  *Give applicant institution title in full.* |  |
| 1.2 | **Postal address and website address\***  *Give postal address of applicant institution in full.*  *Give direct link to institution website.* |  |
| 1.3 | **Main contact name and job title**  *Give name and job title of the person with whom PHECC will communicate regarding this application and subsequent correspondence from PHECC.* |  |
| 1.4 | **Phone and email\***  *Give direct number and email for main contact person.* |  |
| 1.5 | **Internal verifier**  *Give name and job title of the person who is responsible for quality assurance and with whom PHECC will liaise and meet during external quality reviews (site visits).* | Or tick if the name is the same as the main contact 🞏 |

| **Corporate Details** | | |
| --- | --- | --- |
| 1.6 | **Institution type and date founded**  *Give details/title that best describes the institution as a legal entity, e.g. registered charity, company limited by guarantee etc. and provide the date of foundation.* | Supporting documentation attached 🞏 |
| 1.7 | **Affiliation with higher education institute**  *Give name of higher education institute (medical or nursing school) the names and titles of lead persons involved (see also 1.8).* | *For paramedic and advanced paramedic courses only*  Not applicable 🞏  Supporting documentation attached 🞏 |
| 1.8 | **Organisational structure and governance**  *Provide an explanation of structure and include an organisational chart.*  *Give details of governance arrangements to ensure education and training is provided to a consistently high standard.* | Supporting documentation attached 🞏 |
| 1.9 | **Business case**  *Give a business case/rationale to deliver PHECC approved courses to include experience to date (if any) with education and training.* | Supporting documentation attached 🞏 |
| 1.10 | **Training infrastructure**  *Give details of the training premises and equipment to accommodate student learning and course delivery.* | Supporting documentation attached 🞏 |
| 1.11 | **Financial viability**  *Attach copies of supporting documentation as relevant.* | Tax clearance certificate attached 🞏 |
| 1.12 | **Evidence of insurances**  *Attach copies of employers, public liability and relevant professional indemnity.* | Supporting documentation attached 🞏 |
| 1.13 | **Education/Training Mission Statement**  *Give details of the mission statement in relation to pre-hospital care emergency education and training.* | Supporting documentation attached 🞏 |
| 1.14 | **Complaints and Appeals Policy**  *Give details of how the institution handles and manages complaints and appeals from clients and students.* | Supporting documentation attached 🞏 |
| 1.15 | **Equality and Access to Training Policy**  *Give a policy statement that expresses a vision and commitment to equality in access to admission and training that accommodates diversity and combats discrimination.* | Supporting documentation attached 🞏 |
| 1.16 | **Health, Safety and Welfare Policy**  *Give a policy statement regarding compliance with legal requirements.*  *A copy of the safety statement is not required.* | Supporting documentation attached 🞏 |
| 1.17 | **Record Management Policy**  *Give a policy statement that expresses a vision for the sound structure for records maintained including faculty, students, courses, assessments and awards etc. in keeping with best practice, data protection and FOI legislation.* | Supporting documentation attached 🞏 |

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| **Educational/Training/Faculty Details** | | |
| 1.18 | **Library and Information and Communication Technology (ICT) services**  *Provide details on the range of library facilities available including remote access to on line journals etc. computer and internet facilities available to students and staff etc.* | Required for NQEMT and EMS Call taker and Dispatcher courses only.  Supporting documentation attached 🞏 |
| 1.19 | **Faculty Management**  *Give a statement that explains how the institution manages faculty members to ensure they are providing up to date accurate and high quality PHECC approved courses. Management must include monitoring of training activities of tutors and instructors* | Supporting documentation attached 🞏 |
| 1.20 | **Quality Assurance Policy** *Give a policy statement regarding the vision and commitment to continuously monitor the quality of the design and delivery of every PHECC approved course.*  *During the pre-submission meeting a full review of capacity to comply with Council’s quality review framework (QRF) will be assessed. Please refer to the QRF documents available to download from the website - New Applicants only.* | Supporting documentation attached 🞏 |
| 1.21 | **Recognition of Prior Learning Policy** *Give a general statement that expresses the vision regarding the identification, assessment and recognition of learning to facilitate access and progression to help the student make informed choices to enter and successfully participate in the courses on offer.*  *A procedure specific to every PHECC approved course is required with the course form.* | Supporting documentation attached 🞏 |
| 1.22 | **Assessment and Awards Policy**  *Give a policy statement to express the vision and commitment to adhere to PHECC’s criteria for assessment- Responder and NQEMT level courses as applicable.*  *A procedure specific to every PHECC approved course is required with the course form.* | Supporting documentation attached 🞏 |
| 1.23 | **Named teaching faculty**  *PHECC’s Named faculty Form(s) must be used (download from website). Provide one form per course listed.* | Do not send copies of certificates  Named Faculty Form(s) attached 🞏 |
| 1.24 | **List of PHECC approved courses**  *Every application for recognition of institution must be accompanied by at least one course.*  *Give a list of all course(s) that is being submitted to PHECC for approval.* | List provided 🞏 |
| 1.25 | **Statutory declaration**  *Statutory declaration completed and witnessed by practicing solicitor or commissioner for oaths.* | Statutory declaration attached 🞏 |

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| **Signed:** | **Title:** | **Date:** |
| Course applications at NQEMT level must be co-signed by the facilitator. A key role of the named facilitator is to quality assure the delivery of NQEMT courses. | | |
| **Signed:** | **Title: Facilitator** | **Date:** |

**Total €**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Remittance NoticePHECC Schedule of Fees (non-refundable) | Checklist | |
| NQEMT  course | Application/renewal fee for recognition of institution at NQEMT level (3 year renewal period) | €3,000 |  |
| Course application fee per NQEMT course (once only fee) | €600 |  |
| EFR, EFR-BTEC,  EMS Call-Taker/Dispatcher course | Application/renewal fee for recognition of institution at EFR, EFR-BTEC, EMS Call-Taker, EMS- Dispatcher level (3 year renewal period) | €1,200 |  |
| Course application fee per course: EFR, EFR-BTEC, EMS Call-Taker and EMS Dispatcher courses (once only fee) | €600 |  |
| CFR and FAR course | Application/renewal fee for recognition of institution at CFR and FAR level (3 year renewal period) | €300 |  |
| Course application fee per CFR course (once only fee) | €100 |  |
| Course application fee per FAR course (once only fee) | €250 |  |
|  |  |  |  |

**Payment Method**

**PayPal at** [**www.phecc.ie**](http://www.phecc.ie) ****

**By Cheque (enclosed) **

**Full remittance must be paid at time of application.**

**Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PHECC Office Use

Payment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total €**

# Version History

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| --- | --- | --- |
| **Version** | **Date** | **Details** |
| 1 | July 2014 | This form replaces LIS001 (V5) |
| 2 | July 2015 | Revision of 1.20 - Quality Management Policy |