

Application form checklist

| Please ensure that you have included the following with your application. Indicate "yes" with an X or insert "not applicable" as NA. | | X or NA |
|--|------------------------|----------------------|
| I have enclosed a completed application form (sections 1-4) | | |
| I have securely attached a passport sized photograph | | |
| I have signed and dated the declaration (section 4) | | |
| I have enclosed an original notarised copy of my passport | | |
| I have enclosed the appropriate application fee (non-refundable) Do not send cash | | |
| Electronic Payment System | Euro cheque/Bank Draft | Direct bank transfer |
| I have enclosed my name change documentation (notarised English copy) if applicable. | | |
| I have enclosed my professional qualification in pre-hospital care (notarised English copy of certificate) | | |
| I have enclosed the letter/certificate or other evidence issued by the relevant competent authority certifying successful completion of professional training (notarised English copy) if applicable. | | |
| I have enclosed other relevant additional qualification certificates (photocopies in English) as applicable | | |

| The following documents must be sent directly to the PHECC office from the relevant authority | | |
|---|--|--|
| I have requested verification of my training and education in English – Form A (If Form A is translated into English it must be certified by a Notary Public) | | |
| I have requested professional references – Form B (If Form B is translated into English it must be certified by a Notary Public) | | |

| Please ensure that you have not : | | |
|---|--|--|
| Included any original documents | | |
| Included any document or item which you need to have returned | | |
| | | |

You may wish to make a photocopy of your full application and retain for your own records.

Official use only

| |
|---------------------|
| Date form received: |
| Date fee received: |
| Application no.: |

Application Form for the Assessment of Qualifications

Address: Pre-Hospital Emergency Care Council, Assessment of Qualifications Section,
Abbey Moat House, Abbey Street, Naas, Co Kildare, Ireland.
E: info@phecc.ie W: www.phecc.ie

Section 1 Contact details

I am applying for assessment/
recognition of my professional
qualifications. I am seeking
recognition as an/a

EMT
Paramedic
Advanced Paramedic

*Please attach a
recent passport size
photograph*

Title: Mr / Miss / Ms / Mrs / Other _ *(delete as appropriate)*

Family name: *
(as per Birth Certificate / Marriage Certificate / Deed Poll)

Given name: * 1st
(as per Birth Certificate or Deed Poll)
2nd

Maiden name: *
(if different from surname above)

* If you wish to enter your name as per your Marriage Certificate / Deed Poll please enclose a notarised copy

Gender: Male Female Date of birth
D D M M Y Y Y Y

Nationality:

Permanent address:

Post code:

Current address:

(for correspondence)

Post code:

Telephone:

Email (address):
(please include international dialing codes where applicable)

1. RECOGNITION OF QUALIFICATIONS

Name of Competent Authority or Regulatory Body:

Address:

Post code:

Website:

Email (address):

Your professional title:

Your registration no.:

Applicants exercising mutual recognition rights must attach the letter/certificate or other evidence issued by the relevant competent authority in their Member State certifying successful completion of professional training (see guidelines for more information).

2. NAME AND ADDRESS OF EDUCATIONAL INSTITUTE WHERE YOU OBTAINED YOUR PROFESSIONAL QUALIFICATION

The qualification for the profession for which you are seeking registration.

If 2 or more courses were completed, page 2 of this application form may be photocopied.

Name:

Address:

Post code:

Title of qualification:

Date of course: Commencement
D D M M Y Y Y Y Cessation
D D M M Y Y Y Y

Duration of course: Years Months

Language of course instruction:

Name of course administrator:

Email of course administrator:

3. ADDITIONAL PROFESSIONAL QUALIFICATIONS

If you have gained a further professional qualification relevant to your application please provide details below.

If additional space is required, page 4 of this application form may be photocopied.

Name of educational institute:

Address:

Post code:

Title of course:

Date of course: Commencement Cessation
D D M M Y Y Y Y D D M M Y Y Y Y

Duration of course: Days Months Years

Course details:

Name of educational institute:

Address:

Post code:

Title of course:

Date of course: Commencement Cessation
D D M M Y Y Y Y D D M M Y Y Y Y

Duration of course: Days Months Years

Course details:

Name of educational institute:

Address:

Post code:

Title of course:

Date of course: Commencement Cessation
D D M M Y Y Y Y D D M M Y Y Y Y

Duration of course: Days Months Years

Course details:

Name of educational institute:

Address:

Post code:

Title of course:

Date of course: Commencement Cessation
D D M M Y Y Y Y D D M M Y Y Y Y

Duration of course: Days Months Years

Course details:

Please provide details of all work experience since qualification. List in order commencing with your current position. If additional space is required, page 7 and 8 of this application form may be photocopied. You must submit a Form B - Professional reference for each employment.

CURRENT POSITION

Position: [grid]

Name of employer: [grid]

Employer address: [grid]

Post code: [grid]

Contact name: [grid]

Title: [grid]

Contact email: [grid]

Duration of post: [grid] Years [grid] Months

Hours worked per week: [grid]

Date of: Commencement [grid] [grid] [grid] [grid] [grid] [grid] [grid] [grid] Cessation [grid] [grid] [grid] [grid] [grid] [grid] [grid] [grid]

That position was subject to regulation by the following regulatory body (if appropriate).

Name of regulatory body: [grid]

Address: [grid]

Telephone number: [grid]

Email: [grid]

Website address: [grid]

The registration number (or equivalent): [grid]

PREVIOUS POSITION

Position:

Name of employer:

Employer address:

Post code:

Contact name:

Title:

Contact email:

Duration of post: Years Months

Hours worked per week:

Date of: *Commencement*
D D M M Y Y Y Y *Cessation*
D D M M Y Y Y Y

That position was subject to regulation by the following regulatory body (if appropriate).

Name of regulatory body:

Address:

Telephone number:

Email:

Website address:

The registration number (or equivalent):

Assessment of Qualifications



I hereby declare and note that:

1. All the above information is true and accurate to the best of my knowledge and belief;
2. I hereby consent and give authority to PHECC to make any enquiry or enquiries with anybody or person in pursuance of my application for assessment of equivalence of professional qualification in pre-hospital emergency care.
3. **Data Protection:** By signing this form I consent to PHECC holding and processing my personal data for the purpose of assessing my professional qualifications. In compliance with the Data Protection Acts 1988 & 2003, PHECC will hold and process my data securely and confidentially. PHECC may also use the data I provide for communication purposes with me. PHECC will make every effort to ensure my data is correct, however, if any of my data is incorrect or inaccurate I will inform PHECC in writing (email acceptable). A copy of my data currently held by PHECC may be obtained upon written request to The Registration Officer, Pre-Hospital Emergency Care Council, Abbey Moat House, Abbey Street, Naas, Co Kildare.

Signature:

Date:

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <i>D</i> | <i>D</i> | <i>M</i> | <i>M</i> | <i>Y</i> | <i>Y</i> |

Assessment of Qualifications



Address: Pre-Hospital Emergency Care Council, Assessment of Qualifications Section,
Abbey Moat House, Abbey Street, Naas, Co Kildare, Ireland.
E: info@phecc.ie W: www.phecc.ie

Form B

Professional Reference

To: APPLICANT

Complete Part 1 only and ensure Part 2 is completed and posted directly to PHECC by the referee.

Part 1

Applicant Details

Applicant's name:

Date of birth:
D D M M Y Y Y Y

Address;

Job title/ position:

Part 2

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 professional practice or professional training. Please complete Part 2 and return directly to the Pre-Hospital Emergency Care Council at the address above. You may also continue on a separate sheet.

In what capacity is the applicant known to you (eg employee, student or volunteer):

Employed: *Commencement* *Cessation*
D D M M Y Y Y Y D D M M Y Y Y Y

Dates when you supervised the applicant: *Commencement* *Cessation*
D D M M Y Y Y Y D D M M Y Y Y Y

Hours worked per week:

Describe the typical work settings and give a range of patients and types of conditions treated.

Describe the applicant's authority to practice EMS. For example: under medical practitioner instructions, independently or in accordance with guidelines or operating procedures.

Were there any restrictions on the applicant's practice? (eg Can work under supervision only).

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 above.

Referee name:

Job title / position:

Work address:

Email address:

Telephone number:

(please include international dialing codes where applicable)

Please stamp with official seal

Signature:

Date:
D D M M Y Y Y Y

Guidelines on making an application for recognition of qualifications

1. You must submit a completed application form and appropriate fee to:

The Pre-Hospital Emergency Care Council, Recognition of Professional Qualifications Section, Abbey Moat House, Abbey Street, Naas, Co Kildare, Ireland.

2. Complete all sections of the form in BLOCK CAPITAL letters. Sections which are not being completed should be denoted by inserting “not applicable” or (NA).
3. You are reminded to use the application checklist provided.
4. Your application will be returned if it is submitted incorrectly and this can delay the application process.
5. The application fee is payable via Electronic Payment System on www.phecc.ie or by Euro cheque, bank draft or postal order drawn on an Irish bank or post office. You may also pay directly to the Pre-Hospital Emergency Care Council’s account: Account Name: Pre-Hospital Emergency Care Council -IBAN: IE29 AIBK 9332 3638 3672 62 (BIC: AIBKIE2D). Do not send cash.
6. PHECC reserves the right to request additional information including original documents.
7. It is advisable to retain a photocopy of your completed application for future reference.
8. Once this office receives your completed application form (Section 1 to 4) with fee, you will be issued with a unique reference number e.g. A013. You are asked to quote your unique application reference number (e.g. A013) when contacting the office.
9. It is important that the Pre-Hospital Emergency Care Council is made aware of any changes to your personal details especially a change of address.
10. All documents must be completed in English or be translated into English and notarised by a Notary Public (a public official who notarises legal documents and who can also administer and take oaths and affirmations among other tasks) and include the notary’s seal of office and registration number.
11. If the application we receive from you is incomplete, i.e. missing/incomplete details or documents or if additional information is requested, you will be advised of this within one month.
12. Gaps in your employment history should be explained.
13. A decision in relation to your application will be made within approximately three months once all the required documents have been presented. The three month period may be extended by one month.

SECTION 1 – CONTACT DETAILS

1. Select only one of the three levels of competence (register divisions); EMT, Paramedic or Advanced Paramedic. Prior to making this selection you are advised to review in full the current education and training standards for each of these divisions. The current practitioner standards in Ireland are: Emergency Medical Technician (RCS006); Paramedic (RCS007) and Advanced Paramedic (RCS008). These standards are available from the website www.phecc.ie
2. Attach a recent passport size photograph.

3. Proof of nationality is sought. An original notarised copy of your current passport (or identity card) showing your name, photo and passport number etc. must be included with your application. If you are resident in Ireland, Garda verification of a photocopy of your passport is acceptable.
4. If your name differs from that stated on the identification provided you must enclose original notarised copies of legal documentation of the name change. This would include documentation such as your Marriage Certificate or Deed Poll.

SECTION 2 – QUALIFICATIONS, EDUCATION AND TRAINING

1. In Section 2, Part 1 you must provide the name and details of the relevant competent authority in your home Member State. If you are unfamiliar with this authority please refer to the European Commission website and the section called “Free movement of professionals”. There is an up-to-date list of National contact points in every EU country on this website and also some other useful information.
2. Applicants exercising mutual recognition rights must attach the letter/certificate or other evidence issued by the relevant competent authority in their Member State certifying successful completion of professional training (*The Recognition of Professional Qualifications Directive 2005/36/EC, Article 3. 1 (c) refers*).
3. You must provide the name and details of the educational institute where you obtained your professional qualification(s) in Section 2, Part 2. If 2 or more relevant courses were completed you may photocopy page 2 of the form and insert details of such courses on those pages.
4. You must include in your application an original notarised copy in English of your professional certificate/qualification achieved in pre-hospital emergency care. Do not send originals.
5. In Section 2, Part 3 you are asked to provide information about other relevant additional professional qualifications. If more space is required page 4 of the form may be photocopied. For every additional professional qualification listed you must provide an original notarised copy in English of the certificate/qualification.

SECTION 3 – PROFESSIONAL EXPERIENCE

1. In Section 3 you are asked to provide as much detail as possible on your current and previous positions. Ensure you make use of the full space provided to provide a comprehensive account of your role and responsibilities.
2. If additional space is required to accommodate more than one previous employment pages 7 and 8 may be photocopied.
3. If your professional practice was subject to regulation by a regulatory body or similar, please set out the name of such regulatory body and the period of your registration with that body. For example - from the UK the regulatory authority is the Health and Care Professions Council (HCPC); from the USA it is the individual state licensing authority; and in South Africa the Health Professions Council of South Africa (HPCSA) will apply.
Note: The National Registry of Emergency Medical Technicians (NREMT) in the USA and the Australasian Registry of Emergency Medical Technicians (AREMT) from Australia are not regulatory authorities.
4. If you have not worked (in a paid or voluntary capacity) since qualifying insert “not applicable” (NA).

SECTION 4 – DECLARATION

By signing this declaration, you are stating that the information you have provided is true and accurate to the best of your belief and you are giving authority to the PHECC to make enquiries with anybody or person in pursuance of your application. By signing this declaration, you are also consenting to PHECC holding and processing your personal data.

FORM A – TRAINING AND EDUCATION TESTIMONY – TO BE SELF-COMPLETED ELECTRONICALLY BY APPLICANT AND SENT TO THE EDUCATIONAL INSTITUTION FOR VERIFICATION.

1. **Form A** must be first be saved to your computer then completed electronically by typing directly on the form.
2. Next you must send the completed form (Part 1 and Part 2) to your educational institution for verification. You may email or post the completed form. The institution is required to review and verify the information you provided about your qualification/course including clinical placements. Note the official stamp of the educational institute must be stamped on each page (Parts 1, 2 and 3).
3. The qualification is the course which gives you the eligibility to practice your profession in the country where it has been awarded. This may be vocational training and/or a higher education course that gives you eligibility to practice your profession in the country where you have obtained it.
4. Ensure you provide comprehensive information about the qualification you are presenting for recognition; this information will be used to assess your qualification against the Irish pre-hospital emergency care education and training standards.
5. In **Form A –“Part 1”** you are required to include details of the course year, description of subjects studied and course content, examination methods and assessment methods. You must include a syllabus page or section reference.
6. In **Form A “Part 2”** you are required to provide details on each of the individual practice placements that you have completed as part of the qualification obtained. The practice / clinical placements must relate to the course of study for which you applied for recognition and must all be completed within the dates of this course.
7. You must copy and insert a new table for each continuous block of placement. Please note that placement information needs to be included for each continuous block of placement within a year of study even if these placements take place for example at the same location. If a placement is broken up i.e. by lectures or holidays etc. a new table must be added for the next continuous block. This should be done in chronological order and may result in your inserting several tables according to your profession. Please number each table.
8. Note that if placement information does not provide the information required for assessment, this can result in applications being delayed due to information being requested at a later stage.
9. Note on supervisors: Please note that a supervisor will be a suitably qualified senior person in your profession and may have an alternative title to supervisor e.g. placement tutor. Please include their title.
10. If **Form A** is translated into English it must be certified by a Notary Public.
11. If you completed two or more courses you must complete two separate **Form A(s)**. E.g. for two qualifications, two separate completed and verified **Form A(s)** are required.

12. A full copy of the syllabus (in English) must be attached to supplement the information provided on **Form A**. Course brochures or web downloads advertising courses are unlikely to provide sufficient detail of course information required.
13. **Form A –“Part 3”** must be signed and stamped by an official contact at the educational institution where the qualification for which you are seeking recognition was awarded. This is to verify the course of study and the practice curriculum. Please note your educational institute must also provide its stamp on each individual page filled out in **“Part 1”** and **“Part 2”**.
14. **Form A –“Training and Education Testimony”** must be returned to the Pre-Hospital Emergency Care Council by post or scanned and emailed to info@phecc.ie

FORM B – PROFESSIONAL REFERENCE

15. Confirmation of professional practice must be verified by a referee using **Form B**. Other formats of a professional reference are acceptable only if they are in English (or translated into English) and include the specific information required in **Form B**. Any substitute reference should be attached to **Form B** prior to returning to PHECC.
16. Only a referee who is or was responsible for managing/ supervising your professional practice, paid or voluntary (including during training) should complete **Form B** on your behalf.
17. In the event that you are not currently engaged as a pre-hospital emergency care practitioner, a professional reference regarding your most recent pre-hospital practitioner position must be provided and sent to PHECC.
18. If you are a recent graduate without post qualification employment then a referee responsible for managing or supervising your professional practice during training will be accepted. Or if you have no post qualifying work experience please state not applicable.
19. If Form B is translated into English it must be certified by a Notary Public.
20. Confirmation of employment is required from an employer. This should be your current or if is not possible to obtain your current employment please include certification by the most recent substantial employment.

WORK PERMITS-

The Pre-Hospital Emergency Care Council has no responsibility in assisting or providing guidance with securing work permits. Please contact the Department of Jobs, Enterprise and Innovation directly who will assist you in these matters.

Department of Jobs, Enterprise and Innovation

Employment Permits Section

Davitt House

65a Adelaide Road

Dublin 2

Ireland

Tel:+353 1 417 5333 or Locall:1890 201 616. Fax:+353 1 631 3268

Homepage: <http://www.djei.ie/labour/workpermits/index.htm>

Email: employmentpermits@djei.ie