



## Evaluation of Emergency Medical Technician (EMT) Qualification Application Form

### CONTACT INFORMATION

Full name in NRIC/FIN/Passport: \_\_\_\_\_

NRIC/Passport/FIN number: \_\_\_\_\_ Gender: M / F

Nationality: \_\_\_\_\_

Company name and address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (dd/mm/yyyy)

Contact Number: Office \_\_\_\_\_ Mobile \_\_\_\_\_

### EMPLOYMENT HISTORY (in chronological order)

Date (mm/yyyy)		Name of Company	Job Title	Company Address
From	To			

### PARAMEDIC/NURSING TRAINING DETAILS

Name of Training Institute: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Period: From \_\_\_\_\_ To \_\_\_\_\_

Qualification obtained: \_\_\_\_\_

Email Address: \_\_\_\_\_

  

Name of Training Institute: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Period: From \_\_\_\_\_ To \_\_\_\_\_

Qualification obtained: \_\_\_\_\_

Email address: \_\_\_\_\_



## DECLARATION

(1) I hereby give my consent to the Unit for Pre-hospital Emergency Care (UPEC) to:

- a) Obtain and verify all of the information provided as part of the application process if necessary. I further understand that this includes, but is not limited to, such activities as contacting my previous employers as may be deemed appropriate for the purposes of assessing my application. I hereby release from all liability or responsibility all persons, companies, corporations, when furnishing such information.
- b) Use the data I have provided in this form to send me updates about various courses, conferences, seminars and related activities organised or co-organised by UPEC.
- c) Use the data I have provided for the administration and upkeep of my record as a qualified EMT or paramedic, including to send me updates about upkeep of credentials where necessary

(2) I declare that all the information given by me in this application and any additional documents attached hereto are true, complete and accurate. I understand that any falsified documentation or evidence at the time, or subsequently found, will be treated as basis for disqualification of my application.

By signing below, I hereby certify that I have read and understood all of the clauses above and that I agree to all of them.

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**Name and Signature of Applicant**

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**Date**

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**Name and Signature of Applicant's  
Current/Prospective Employer**

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**Date**



## **ANNEX A**

### **CHECKLIST ON SUPPORTING DOCUMENTS TO BE SUBMITTED**

Please ensure that you have attached the following documents to your submission.

Incomplete submission will subject your application to rejection.

- ☐ 1) Application form
- ☐ 2) Copy of NRIC/FIN/Passport (front and back)
- ☐ 3) Transcript of paramedic/nursing education from training school/college/university
- ☐ 4) Training certificate(s)/Graduation certificate(s)
- ☐ 5) Registration certificate in home country (if applicable)
- ☐ 6) Reference/work testimonials from current and previous employer(s) to state the period of work, job scope and work performance