



Evaluation of Paramedic 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.

Name and Signature of Applicant

Date

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

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