|  |
| --- |
| Passport photos  (attach jpeg copy) |

**EMT-B APPLICATION FORM**

*Note: 1. Print clearly in* ***black or dark blue*** *only*

*2. Dates are to be written as* ***day/month/year***

**Personal Details:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname/Family name:** |  | | **Residential Address:** | | | | **Home Country registration required - provide details:** |
| **First/Second Names:** |  | |  | | | |  |
| **Name Known By (nickname):** |  | |  | | | |  |
| **Date Of Birth:**  *(day/month/year)* |  | | *Country:* |  | | | **Licensed/registered in another country? If so provide details:** |
| **Earliest start date:** |  |  | **Mobile number:** | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Passport Number:**  *(attach a copy of passport front page)* |  | **\*Driving Licence Number:**  *(attach a copy of home country licence)*  *(must be full license)* |  |
| **Passport Date of Expiry:** |  | **Driving Licence Date of Expiry:** |  |

**Prerequisite Qualifications** *(minimum requirement)* **:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Courses**  *(attach copies of certificates)* | **Training Organisation** | **No Training Hours** | **Date of Course** | **Date of Certification** |
| **EMT-B**  *(minimum 4 week course)* |  |  |  |  |
| **Basic Life Support** |  |  |  |  |
| **Basic Trauma Life Support** |  |  |  |  |

**Other Relevant Qualifications/CME:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course**  *(attach copies of certificates)* | **Name of Training/Educational Provider** | **Qualification** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **English Language:**   * Candidates are required to have a very good comprehension of the English language, including speaking, reading, writing and listening. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post certification experience:**  *(minimum of 12 months required after the date of course and certification)* |  | **Where:** |  | **When:** |
|  |  |  |  |  |
|  |  |  |  |  |

I certify that all the information, including dates, provided in this form is true and accurate:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed:** |  |  | **Date:** |  |

**Attachments required: *(PLEASE ONLY SEND DOCUMENTS ASKED FOR AND DO NOT SEND DOCUMENTS/CERTIFICATES THAT HAVE EXPIRED AND ARE OUT OF DATE)***

|  |  |
| --- | --- |
| **Copies of:** | Please check: √ |
| Curriculum Vitae (CV) |  |
| Passport photo (must be white background) |  |
| Passport – front page colored copy (valid for at least 12 months) |  |
| Driving License – colored copy |  |
| High School Certificate |  |
| Qualification certificates and transcripts(BSc Nurse, EMT qualifications) |  |
| Evidence of CME, ie BLS, BTLS, PHTLS etc including current certificates |  |
| Employment Certificate, Letter of Employment or Statement of Service dated and signed by HR or Admin Officer |  |
| PSEMT or AREMT registration |  |
| License/Registration from other country/countries (where applicable) |  |