**PARAMEDIC APPLICATION FORM**

**Personal Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname/Family Name:** |  | | |
| **First/Second Names:** |  | | |
| **Name Known By :**  **(Nick Name)** |  | **Date of Birth**  *(day/month/year)* |  |
| **Nationality:** |  | **Status (married/single)** |  |
| **Earliest possible start date/Notice Period:** |  | **No of accompanying dependent children:** |  |
| **Passport Number:** |  | **Passport Expiry Date:** |  |
| **Professional Registration Number:**  **(from home country)** |  | **Professional Registration Expiry Date:** |  |
| **Have you worked in GCC country:** |  | **If yes please provide practicing license number/details:** |  |

**Paramedic Requirements:**

***NOTE: Applicants are required to have 2 years’ post qualification and registration experience to apply for a paramedic position.***

National Ambulance health professionals are required to be eligible for licensing by the Department of Health Abu Dhabi (DOH). For this purpose the following documentation is required:

* A current, up‐to‐date and detailed Curriculum Vitae (CV) or Resumé in English with specific dates
* A coloured copy of passport front page (information page)
* A jpeg copy of a recent colour passport photo with white background
* High School completion certificate (Year 12)
* Professional qualifications; must include an internationally recognized EMT-P course (degree, diploma/certificate) of at least 12 months duration for EMT-I and 2-years duration for EMT-A.
* Transcript of study for the professional qualification
* Practicing Professional License, Registration, or Authority to Practice – valid and current from home country or from the country where the relevant qualification was obtained if you worked there
* Evidence of Continued Medical Education (CME/CPD/CE)
* Current certifications in Healthcare Provider BLS, ACLS, PALS.
* Current Advance trauma course: PHTLS
* Certificate or Letter of Employment, dated and signed by HR department of employer/s, providing evidence of relevant experience as follows:
* must show employment period/dates and position/s held;
* provide evidence of at least two years post qualification experience in substantive post, i.e. not volunteer work, part time or under training; and
* provide evidence/certificate of currency
* References from at least 2 managers in an EMS position
* Letter of good standing from the licensing authority of the country last worked at

**Other:**

* Driving License from home country

***Note: Documents in a foreign language must be translated into English by an authorized translator.***

**English Language:**

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

**Certification:**

I certify that I meet the requirements listed and that all the information provided on this form and in other documentation is true and accurate:

Signed:………………………………………………………………. Date:…………………………………….

**Attachments Sent: (Check List)**

|  |  |
| --- | --- |
| **Copies of *(tick as required): ✓*** | **Please tick** |
| A current, up‐to‐date and detailed Curriculum Vitae (CV) or Resumé in English with specific dates |  |
| A coloured copy of passport front page (information page) |  |
| A jpeg copy of recent colour passport photo with white background |  |
| High School Completion Certificate (Year 12) |  |
| Professional Qualifications – Certificates/Diploma/Degree etc. as applicable |  |
| Transcript of study for professional qualification |  |
| Practicing Professional License, or Authority to Practice – valid and current from home country or from the country where the relevant qualifications was obtained if worked there |  |
| Letter of good standing from your licensing authority |  |
| Evidence of Continued Medical Education, ACLS, BLS, PALS, PHTLS certificate or equivalent |  |
| Certificate or Letter of Employment from employer/s – must be recent and must cover at least 2 years full time as a paramedic post qualification and registration |  |
| Contact details (name, position, email address, telephone no) of two referees you have worked for in EMS role |  |
| Driving License |  |