



**APPLICATION FORM FOR PARAMEDIC / EMT
WORK PASS CONVERSION & CHANGE OF EMPLOYER FORM**
(For existing foreign-trained Paramedic or EMT applicants)

PERSONAL PARTICULARS

Full Name as in Work Pass:	Type of Change: (Tick one) ☐ Work Permit to S Pass ☐ Change of Employer ☐ Others: Please specify: _____		
FIN / Work Pass Number:	Nationality:	Position: (Tick one) ☐ EMT ☐ Paramedic	
Work Pass Date of Expiry (dd/mm/yyyy):			
Date of Birth (dd/mm/yyyy):	Gender: (Tick one) ☐ Male ☐ Female	Contact Number:	
		Email Address:	

EMPLOYER INFORMATION

Company Name:	Company Contact Number:
	Company Email Address:
Company Address:	

EMPLOYMENT HISTORY

Date (mm/yyyy)		Company Name	Job Title
From	Till		

TYPE OF CERTIFICATION

Please Tick:	Date of Completion (dd/mm/yyyy)
☐ EMT: EMT Recertification Programme	
☐ Paramedic: Joint ITE-UPEC Certificate in Pre-Hospital Emergency Care Course	
BCLS and AED	



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, activities such as contacting my previous employers as may be deemed appropriate for the purposes of assessing my application. I hereby release all persons, companies, schools, institutions from all liability or responsibility when furnishing such information.
 - b) Use the data I have provided for the administration and upkeep of my record as a qualified paramedic or EMT, 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 the clauses above and that I agree to all of them.

Applicant's Name & Signature

Date

Employer's Name & Signature

Date



ANNEX A

CHECKLIST FOR SUPPORTING DOCUMENTS TO BE SUBMITTED

Please ensure you have attached all the following documents to complete your submission. Applications with missing supporting documents will be rejected.

- ☐ Application Form
- ☐ Copy of Work Pass (Front and Back)

Certificate of Completion:

- ☐ Paramedic: Joint ITE-UPEC Certification in Pre-hospital Emergency Care Course
- ☐ EMT: EMT Recertification Programme
- ☐ Valid BCLS and AED