FORIEGN-TRAINED PARAMEDICS & EMERGENCY MEDICAL TECHNICIANS (EMTs) APPLICANT DECLARATION AND CONSENT FORM

Section A: Applicant Particulars

Type of Application: ☐ New Credentialing ☐ Work Pass Renewal ☐ Change of Employer ☐ Work Pass Conversion

Application for: ☐ Paramedic ☐ EMT

Full Name (as per FIN/ Passport): _____

FIN / Passport Number: _____

Current / Prospective Employing Private Ambulance Operator (PAO): _____

Section B: Applicant Declaration and Consent

I, the above-named applicant, hereby declare and consent to the following:

1. I declare that all information and supporting documents provided in connection with this application are true, complete and accurate to the best of my knowledge.
2. I understand that any false statement, misrepresentation, or omission of material information or falsified documentation may result in the rejection of my application and/or withdrawal of any eligibility granted on the basis of such information.
3. I consent to Unit for Pre-hospital Emergency Care (UPEC) collecting, using and disclosing the information provided in connection with this application for the purposes of processing and administering my application, verifying the information provided, and maintaining my credentialing and certification records where applicable.
4. I consent to the relevant institutions, organisations and authorities releasing information to UPEC for the purpose of verifying my qualifications, training, registration/certification and relevant employment or professional history.
5. I understand that UPEC may request additional information or supporting documents where necessary to process my application.
6. I understand that submission of this application does not constitute certification as a paramedic or EMT in Singapore, and that I must fulfil any applicable certification or recertification requirements.

Applicant's Signature: _____

Date: _____