



## APPLICATION FORM FOR EMT / PARAMEDIC WORK PASS CONVERSION & CHANGE OF EMPLOYER FORM

(For existing foreign-trained Paramedic or EMT applicants)

### PERSONAL PARTICULARS

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

### EMPLOYER INFORMATION

<b>Company Name:</b>	<b>Company Contact Number:</b>
	<b>Company Email Address:</b>
<b>Company Address:</b>	

### EMPLOYMENT HISTORY

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

### TYPE OF CERTIFICATION

Please Tick:	Date of Completion (dd/mm/yyyy)
<input type="checkbox"/> EMT: EMT Recertification Programme	
<input type="checkbox"/> Paramedic: Joint ITE-UPEC Certificate in Pre-Hospital Emergency Care Course	
<input type="checkbox"/> 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 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 the clauses above and that I agree to all of them.

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**Applicant's Name & Signature**

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**Date**

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**Employer's Name & Signature**

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**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