

UKREMT REGISTRATION APPLICATION

APPLICANT INFORMATION

Name:		Photo ID attached: Yes / No <i>(Passport or Driving Licence)</i>
Date of birth:	Mobile:	Email:
Current address:		
City:	County:	Post Code:
Level applied for: Associate / Full	Grade applied for: A / B / C / D / E / F / G / H	

PRE-HOSPITAL CARE QUALIFICATIONS

Highest Pre-Hospital Care Qualification:	
Qualification attached: Yes / No	<i>Please ensure all attachments are in .jpg, .png, .pdf or .doc to be accepted.</i>
Other Pre-Hospital Care Qualifications: <i>(Certificates or CPD)</i>	

CPD RECORD

No. of hours of CPD claimed in last 12 months:	CPD Record attached: Yes / No
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CURRICULUM VITAE (CV)

Applicants CV – please remember to attach you CV in Doc, PDF or JPG format	Attached: Yes / No
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CURRENT REGISTRATIONS

Registration with: <i>(i.e HCPC / NMC etc)</i>	
PIN No.	Expiry Date:

BLUE LIGHT DRIVING QUALIFICATIONS

Name:	Date Achieved:	Qualification Attached: Yes / No
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TERM & CONDITIONS

- Agree for registration** to be made public on UKREMT website (** PIN, Name, Qualification Name & UKREMT Grade, Type & Expiry of Registration, Blue Light Driver Qualified - Only) [No other details will be on the public database.](#)
- Agree to read, sign and abide by the "Fitness to Practice Policy" Document as a condition of registration (Downloadable from the UKREMT website at www.ukremt.org/fitness-to-practice). [FTP pages 15 & 16 are attached.](#)
- Agree to abide by the EMT Code as put forward by the UKREMT which can be found on our website (www.ukremt.org).

Fitness to Practice (pages 15 & 16) attached: Yes / No
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REFERENCES & DBS

Name	Address	Email or Mobile

You can attach any reference you have already to the application or just fill in the contact details above.

Current DBS attached: Yes / No	Registered for update service: Yes / No
DBS Certificate No.	

SIGNATURES

[Any additional information you feel would enhance your application please include in the body of the email you send with this form.](#)
I authorise the verification of all the information on this form for the UKREMT audit team to verify my details for registration & FTP.

Signature of applicant:	Date:
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