

Request For: Rural Midwife Mentor Service

DETAILS OF RURAL MIDWIFE

Midwifery Council Registration Number:

NZCOM Membership Number:

Or

Name of Organisation Providing Indemnity: _____

Rural Midwife Contact Details:

Surname or Family Name:

Christian (Given) Names:

Preferred Name:

Street Address:

Suburb / RD #:

City / Town:

Phone: Fax

Mobile

E-mail:

Sex: Female Male Date of Birth:

NZ/European/Pakeha <input type="checkbox"/>	New Zealand Maori <input type="checkbox"/>	European <input type="checkbox"/>
Other Pacific <input type="checkbox"/>	Indian <input type="checkbox"/>	Niuean <input type="checkbox"/>
Cook Island Maori <input type="checkbox"/>	Tokelauan <input type="checkbox"/>	South East Asian <input type="checkbox"/>
Other Asian <input type="checkbox"/>	Samoan <input type="checkbox"/>	Tongan <input type="checkbox"/>
Fijian <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>

Bank Account Number: - - -

(For Direct Credit purposes)

GST Registered: Yes No

My GST Number is:

PRACTITIONER QUALIFICATIONS AND EXPERIENCE

Year of New Zealand Midwifery Registration:

Country of Initial Registration:

New Zealand UK Australia USA Europe

Asia South Africa Pacific Other (specify) _____

Year of Initial Midwifery Registration if NOT New Zealand:

Request For: **Rural Midwife Mentor Service**

To ensure that you have the opportunity of choosing a suitable mentor midwife and your request for mentoring services is prioritized appropriately, please answer the following questions.

Full Name			
Contact details and email			
Do you live in a Rural area (if so state locality)?			
How long have you been working as a midwife in this area?			
Are you self employed or employed as an LMC by a Trust / PHO or NGO (please specify)			
Please describe your full caseload over the past 12 months. Full caseload means women you have provided full LMC care to:			
		Number of women	
Full 12 month caseload			
➤ Number of rural (as per section 88 Def)			
➤ Number remote rural (as per section 88 Def)			

<p>Please describe the reason/s why you would like a rural mentor midwife:</p>	
<p>Do you have a mentor in mind? If so, please advise details.</p>	
<p>Have you engaged in a mentoring relationship before? YES / NO</p>	
<p>If so please describe your experience</p>	

I am aware that I am committed to enter a mentoring relationship for a negotiated time period to be decided with the mentor midwife once participation in the RMRR programme has occurred. I am aware that the mentoring opportunity is subject to the availability of a mentor.

CERTIFICATION

1. I certify the above information is true and correct. I am aware the information will be used in a matter consistent with the Health Information Privacy Code 1994.

HPAC Agreement Number: - HPAC Payee Number:

Signature of PRACTITIONER _____ Date: _____