

Application: To Become **A Rural Midwife Mentor**

DETAILS OF THE RURAL MENTOR MIDWIFE

Midwifery Council Registration Number:

NZCOM Membership Number:

Or

Name of Organisation Providing Indemnity: _____

Mentor 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

New Zealand Maori

European

Other Pacific

Indian

Niuean

Cook Island Maori

Tokelauan

South East Asian

Other Asian

Samoan

Tongan

Fijian

Chinese

Other

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:

Are you actively engaged in the Midwifery Council Recertification Programme? **Yes / No**

Please complete the questions below.

