Bachelor of Midwifery (CH3991) Additional Requirements



Applicant's full name:				
Date of birth:				
Satellite/Area				
Please tick the satellite/	area you are applying for:			
Christchurch	Nelson/Marlborough	Mid/South Canterbury	West C (please	oast enquire)
Personal stateme	nt			
We encourage you to inc	d statement outlining your understa clude your personal qualities and de ent should have double line spacing	etails of any life experiences that	could be releva	nt to the
English Language	requirements			
Is English your first lang	uage?		Yes	No
•	showing how you meet the English idwifery for the English language r			
to determine whether your make it difficult to mana	not usually a barrier to acceptance in ou have any health issues that may a lige clinical practice and/or full-time dipport you may require if you are su	affect your ability to practice safe study, the selection committee m	ely. As some hea	lth issues ma
	t or long-term physical health issues	5?	Yes	No
If you answered yes , ple	ase provide details below:			
	t or long-term mental health issues? ease provide details below:		Yes	No

Do you have any drug or alcohol related problems, or have you received treatment for either in the past? If you answered yes , please provide details below:	Yes	No			
Do you require regular or periodic treatment from medical/health practitioners? If you answered yes , please provide details below:	Yes	No			
In the last five years, have you had any major illness requiring medication or other forms of the last five years, please provide details below:	of treatme Yes	nts? No			
Do you have a learning disability? If you answered yes , please provide details below:	Yes	No			
I confirm I can read and write unassisted in English (because of the requirement to independently and accurately read and write case notes and other documentation when in clinical practice). Signed:					

Practical placement experience outside of region

I understand I may be required to complete practical placements outside of either Christchurch or my satellite base and I agree to this requirement.

Signed:

Life/work experience

Please attach a copy of your CV that includes a chronological summary of work history (part time, full time, voluntary, including care of own children) for the preceding five years.

Convictions against the law

At the completion of the Bachelor of Midwifery programme leading to registration as a midwife, students are required to sit and pass the National Midwifery Examination.

The application for registration asks students to disclose if they have been convicted of any offence against the law. It is therefore our policy to alert applicants to this requirement and to ask them to make a similar declaration when they first apply. This information is sought so potential problems regarding registration as a midwife and access to clinical experiences may be discussed.

As all accepted applicants are police vetted through the enrolment process, it is important this initial declaration is correct. If an applicant provides information that is proved to be false/misleading, the application/enrolment may be declined/withdrawn.

An interview may be arranged to discuss any conviction declared.

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)? If YES , please provide details.	Yes	No
I hereby declare that the information I have given above is true and correct; no information which could have bearing on my registration as a midwife has been withheld; I understand that making a false declaration is a the Crimes Act 1961.		
I agree to notify the Faculty of Health, Science and Sustainability if there is any change to my situation through duration of the programme.	shout the	
Full name:		
Signed:		
Dated:		
Have you ever been refused enrolment by a tertiary provider in New Zealand or overseas? If yes , please explain.	Yes	No
Have you ever been enrolled in a midwifery programme in New Zealand or overseas? If yes , please explain.	Yes	No
Have you ever been refused registration as a health professional in New Zealand or overseas? If yes , please explain.	Yes	No
Have you been subject to a disciplinary investigation by any regulatory authority other than the Midwifery C New Zealand (e.g., Social Workers Registration Board, Teachers Registration Board etc.) in New Zealand or o		No
If yes , please explain.	103	NO
Registered nurses		
If you are a registered nurse please complete the following:		
What registration/s do you hold?		
Where and when was this obtained?		
Do you hold a current annual Practising Certificate?	Yes	No

Declaration

I certify I have read and understood all information on this form and all information in this application is true and correct. I understand the material I have supplied becomes the property of the Faculty of Health, Science and Sustainability however, as personal information, it is protected by the Privacy Act 1993.

Signed:

Dated:

Application checklist

An Admission & Enrolment Form (or I have applied online)

Evidence of how you meet the Academic Entry Requirements

- Verified transcript and award certificate, or
- NZQA Record of Achievement

If you are currently studying, please note below the qualification name, level and who you are studying this qualification with. If it is NCEA Level 3, please include the subjects.

A Personal Statement (see page 1)

TWO referee reports (not from a friend or relative)

Verified evidence of English Language results (if applicable)

Two forms of verified ID: a primary form of ID such as a New Zealand birth certificate, New Zealand passport or overseas passport with residency status, as well as a secondary form of ID such as a New Zealand driver's licence for police vetting purposes

If selected for the programme

If you are selected for this programme, the following additional information will be required, details will be included with your confirmation of enrolment.

- 1 New Zealand Police Vetting Service Request and Consent Form
 - This form will be entered by Ara within the New Zealand Police Vetting Agency Portal and returned in confidence to the Head of Department or delegated authority.
- 2 A current First Aid Certificate with evidence that the course was at least 8 hours in length and includes the NZQF unit standards 6401 and 6402.
- 3 Any relevant Health Authority requirements which may include providing evidence of immunity to nominated diseases.