

2010 Midwifery First Year of Practice (MFYP) Programme Pre-registration Form

Pre-registrations from prospective graduate midwives for the 2010 MFYP Programme are now being accepted. You can complete this form and:

- post it to MFYP Programme, PO Box 21-106, Edgeware, Christchurch 8143 or
- email the information requested below to mfyp@nzcom.org.nz

Please complete the following:

Christian name(s): _____ Surname: _____

Preferred name if any: _____

Address: _____

Postcode: _____

Phone number: _____ Mobile number: _____

Email: _____

Ethnicity: _____ Date of birth: _____

School of Midwifery:

AUT Wintec Massey CPIT Otago

Month sitting final examination:

November 2009 March 2010

Intended work setting:

Self employed caseload Employed core or caseload

Geographical area you intend practising: _____

Mentor name (if known) and contact information: _____

If you have not yet chosen a mentor, would you like a list of mentors in your area who are available:

Yes No

Would you prefer your mentor to be:

Self Employed Employed

We look forward to receiving your MFYP Programme pre-registration.