



Application for Special Midwifery Standards Review - Self Requested

Personal Details (Please print clearly)			
SURNAME			
FIRST NAMES			
POSTAL ADDRESS			
(including postcode)			
NZCOM REGION			
HOME PHONE			
WORK PHONE			
MOBILE PHONE			
EMAIL ADDRESS			
Midwifery Council Registration Number		NZCOM Membership Number	
Please advise of any study or leave dates so your MSR is not scheduled on one of those days.			
Please send payment with this application. Upon payment of your Midwifery Standards Review fee, your receipt and complimentary feedback forms, (for photocopying as required), together with any handbooks ordered, will be sent to you. Details of your review date, time, panel and venue will be advised once the booking schedule is finalised.			
Please tick if you require consumer feedback forms in:			
Mandarin	<input type="checkbox"/>	Samoan	<input type="checkbox"/>
	<input type="checkbox"/>	Tongan	<input type="checkbox"/>
	<input type="checkbox"/>	Maori	<input type="checkbox"/>

Review Fee (please indicate)	GST No: 55-323-585	
	NZCOM Member	NON-Member
Caseloading Midwife	\$264.38 (incl GST)	\$281.25 (incl GST)
Caseloading Midwife With caseload of 10 or less	\$237.93 (incl GST)	\$281.25 (incl GST)
Core Midwife	\$281.25 (incl GST)	\$281.25 (incl GST)
Book Order (please indicate)	NZCOM Member	NON-Member
MSR Handbook	\$Free	\$16.00 (incl GST)
Handbook for Practice	\$6.00 (incl GST)	\$16.00 (incl GST)
TOTAL PAYMENT (incl Fee)	\$	\$

Method of Payment:	
Cheque attached	
Paid by Employer	Employers Name
Electronically to NZCOM Bank:	12 – 3191 – 0008921 – 002 Date Banked: Reference given:
Credit Card: (visa or mastercard only)	Card Type:
	Card No:
	Card Expiry:
	Card Name:
	Amount to charge card: \$

NZCOM NATIONAL OFFICE USE ONLY			
INVOICE #		DATE BANKED	
REVIEW DATE		MSR PACK SENT	
REVIEWER 1		REVIEWER 2	

ENQUIRIES:
 Finance - Carla Martin
 Reviews - Saili Tuitaupe

email: finance1@nzcom.org.nz
 email: admin@nzcom.org.nz

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