

Rural Midwifery Student Grant Application Form *to be completed by the applicant*

Name:

Address:

DOB:

Ethnicity:

College membership number:

Midwifery School currently enrolled in:

Please state where you wish to practice upon graduation: Region / Locality

Intended midwifery role: LMC or Core (select one)

Why are you choosing this region and role?

What supports do you consider rural midwifery graduates will need upon graduation?

Please describe what plans you have made or will make to commence practice on graduation.

Please send the completed Application Form to:-
New Zealand College of Midwives National Office via email to lynda.o@nzcom.org.nz with
Rural Midwifery Student Grant in the subject line by 1st May 2024

Please describe your experience of living rurally and how you anticipate it will inform your practice as a midwife?

Please describe your experience of practicing rurally as a midwifery student and how you anticipate it will inform your practice as a midwife?

I confirm that I am enrolled in my final year of the Midwifery undergraduate programme in 2024 at _____ school.

Please provide a copy of your CV with the application form and ensure that you ask two referees to complete the required forms to accompany your application

AUT students – please note:

Applications will only be accepted from AUT students who are about to commence or at the beginning of their final year in the undergraduate programme. Applications will not be accepted from students who are intending to graduate in 2024.