

Rural Midwifery Student Grant Application Form

to be completed by the applicant

Name:

Address:

DoB:

Ethnicity:

College membership number:

Midwifery School currently enrolled in:

Intended midwifery role: LMC or Core (select one)

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

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 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 2025 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

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 23rd July 2025