

VOLUNTARY HEALTH DISCLOSURE

Fitness for Practice Pursuant to s45 Health Practitioners Competence Assurance Act 2003



Te Tatau o te Whare Kahu
Midwifery Council

Notification and impact statement regarding voluntary health disclosure

Midwives are requested to use this form to make a disclosure regarding their health status to the Council. This is to provide the Council with an understanding of your situation so that it can decide if it needs to seek further information from you in order that it can execute its role to protect the public.

All information provided is in confidence. To protect your privacy this form and any further correspondence is retained in a health file that is separate from your general registration file.

You need to send it to the Deputy Registrar Midwifery Regulation directly.

Please adjust the size of the boxes to suit the content of your notification

Name of midwife	
Registration number	
Employment status	
Medical disclosure Please provide a brief summary including diagnosis current and any future treatment	
Please list any parties who are involved in your treatment or rehabilitation	<ul style="list-style-type: none">• Medical practitioner _____ (name and specialty)• Employer Occupational health• ACC case worker• Other (please advise in the space below)

Please describe the circumstances leading to your disclosure

What impact has this had on your ability to practise including your ability to engage in the Recertification Programme?

Do you have a return to work plan and timeline?

Any further information

Signature of applicant:

Date:

(dd/mm/yyyy)

Please email directly to health@midwiferycouncil.health.nz