



STATEMENT ON CRIMINAL CONVICTION

Fitness for Registration

Pursuant to s16(c), Health Practitioners Competence Assurance Act 2003

The purpose of this statement is to enable the Council to make a decision regarding what if any steps it needs to take on receipt of a conviction disclosure from a midwife

This statement includes the following components:

1. The circumstances leading to your conviction(s);
2. The impact that this experience has had on you as a result;
3. How the experience will influence your future behaviour and choices; and
4. Why you believe that the conviction(s) does not, and will not in the future, reflect adversely on your fitness to practise as a midwife in New Zealand.

Name of applicant:	
Date of events leading to your conviction(s):	
Conviction(s) as stated on your conviction record: Please include details of the necessary Act	
Please describe the circumstances leading to your conviction(s):	
What impact has this experience had on you as a result?	
How will the experience influence your future behaviour and choices?	
Why do you believe that the conviction(s) does not, and will not in the future, reflect adversely on your fitness to practise as a midwife in New Zealand?	
Signature of applicant:	Date: (dd/mm/yyyy)

