



Te Tatau o te Whare Kahu Midwifery Council

As an accredited provider the Council requires that you provide an annual report on the activities that you have undertaken for the year. Please complete the below sections and send the report back to the Council no later than **31st January 2023**

Name of provider: _____ Date: _____

Summary of education for the year: _____

This should be a high-level summary of the education that has been provided during the year.

	Name of Course/s	On plan (y/n)	Total times Provided	Approx. total number of attendees	Summary of feedback evaluated, and any changes made. (Please provide brief comments)
1					
2					
3					
4					
5					
6					
					<u>Please add extra lines as required</u>

How will you continue to evaluate the effectiveness of your continuing education programme?

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What education do you plan to provide over the next 12 months? (Please list)

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Education Contact/s

Please list who the main contact/s are regarding your education (if there is more than two please provide further details in the further feedback section)

Name: _____

Title: _____

Contact details - Email: _____ Phone: _____

Name: _____

Title: _____

Contact details - Email: _____ Phone: _____

Please provide detail regarding any changes to your education team over the course of the current year.

Name: _____

Title: _____

Contact details - Email: _____ Phone: _____

Name: _____

Title: _____

Contact details - Email: _____ Phone: _____

Teaching and learning

Equipment

Is the equipment provided (for all courses) appropriate and does it allow you to provide the event/s to a high standard?

Is there an identified budget for replacing equipment?

Are issues raised regarding equipment listened to and steps taken to resolve?

Further Feedback

Please use this section to provide feedback on any further information you would like to provide.

Report prepared by: _____ **Role:** _____

Signature: _____ **Date:** _____

Director of Midwifery: _____ **Date:** _____