



## **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.

<b>Name of applicant:</b>	
<b>Date of events leading to your conviction(s):</b>	
<b>Conviction(s) as stated on your conviction record: Please include details of the necessary Act</b>	
<b>Please describe the circumstances leading to your conviction(s):</b>	
<b>What impact has this experience had on you as a result?</b>	



**How will the experience influence your future behaviour and choices?**

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**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?**

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**Signature of applicant:**

**Date:**

**(dd/mm/yyyy)**