



## **VOLUNTARY HEALTH DISCLOSURE**

### **Fitness for Registration**

*Pursuant to s45 Health Practitioners Competence Assurance Act 2003*

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.

If you have any questions, please contact the Midwifery Advisor directly.

<b>Name of midwife and registration number</b>		
<b>Employment status</b>		
<b>Medical disclosure Please provide a brief summary including diagnosis current and any future treatment</b>		
<b>Please list any parties who are involved in your treatment or rehabilitation</b>	Medical practitioner	
	Name	
	Specialty	
	Employer Occupational health	
	ACC case worker	
	Other (please advise)	
<b>Please describe the circumstances leading to your disclosure</b>		



<b>What impact has this had on your ability to practise including your ability to engage in the Recertification Programme?</b>	
<b>Do you have a return-to-work plan and timeline?</b>	
<b>Any further information you wish to provide</b>	
<b>Signature of applicant:</b>	<b>Date:</b>

Please email directly to [health@midwiferycouncil.health.nz](mailto:health@midwiferycouncil.health.nz)