

Application Form

This application form is used in the credentialing and clinical privileging process of the Visiting Endorsed Midwife (VEM) who is either applying for an access agreement with a maternity service in NSW Health for the first time, or who is applying to renew an access agreement.

The information supplied by the applicant (VEM) is used by the Verification Committee to verify qualifications, experience, professional standing and other relevant professional attributes of the midwife against the delineated role of the facility, the level of service provision, staffing, facilities, equipment and support services available, for the purpose of agreeing upon a clinical scope of practice.

Any recommendation made by the Verification Committee and subsequent execution of an Access Agreement by the Chief Executive is based on this approved scope of clinical practice and the services the VEM is then credentialed to provide. The information requested on this application form sets a minimum standard. Information may be added, but not deleted. Access to this information is limited to Committee use only. Please attach the following to this form:

All applications for credentialing/re-credentialing

- A copy of the current professional indemnity insurance certificate; initial applications need to supply a certified copy
- Copies of relevant visa documents (if applicable)

New appointments only

- Current curriculum vitae
- Certified copies of qualifications
- Proof of identification
- Working With Children Check

Application Type

<input type="checkbox"/>	New Application	<input type="checkbox"/>	Re-credentialing	<input type="checkbox"/>	Additional/Changed scope of clinical practice
<input type="checkbox"/>	Applicant also applying for a collaborative arrangement with maternity service				
<input type="checkbox"/>	Applicant has a collaborative arrangement with Obstetric Specified Medical Practitioner (OSMP)				
Do you, or your employer, have an access agreement to provide private midwifery services at another facility/LHD?					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Personal Details

Last Name:		First Name/s:	
Previous Name/s:		Employer:	

Contact Details

Home Address: Preferred Address for Correspondence:			
Work Address: Preferred Address for Correspondence:			
Home Ph:	Business Ph:	Mobile:	
Email 1:			
Email 2:			

Residency Status

<input type="checkbox"/>	Australian Citizen	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>	Temporary Resident
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Professional Indemnity (Please attach copy of current schedule)

Insurer:		Level of Cover:	Antenatal
Policy No:			Postnatal
Expiry Date:			Intrapartum

Worker's Compensation Insurance (Please attach copy of current schedule)

Insurer:	
Policy No:	
Expiry Date:	

Access to Medicare

Do you have a Medicare provider?			
Yes	No	If Yes, provider no.	

AHPRA Requirements

Item	Requirement	Applicant Checklist	Evidence viewed by panel member (signature)
1	Current registration as a midwife in Australia with no conditions on registration relating to unsatisfactory professional performance or unprofessional conduct.		
2	Midwifery experience that is equivalent of three years full time clinical practice (5000 hours) in the past 6 years that is either: across the continuum of care OR in a specified context of practice OR antenatal care OR postnatal care OR ante and postnatal care		
3	Successful completion of either: NMBA-approved program of study leading to endorsement for scheduled medicines, OR a program that is substantially equivalent to an NMBA-approved program of study leading to endorsement for scheduled medicines as determined by the NMBA.		
4	Continuous Professional Development Points 20 hours for midwife plus 10 additional hours relating to context of practice, prescribing and administration of medicines, diagnostics investigations, and consultation and referral.		
5	Maintain a portfolio, current for the last three years, that demonstrates evidentiary requirements for privately practising midwives as specified by the NMBA Safety & Quality guidelines for privately practising midwives.		

Please ensure that details of clinical experience, qualifications, education and training to support the above responses are included as in this application.

Applicant's Declaration			YES	NO
1	Have you ever been the subject of a substantiated claim or complaint or had adverse findings made against you by a nursing and midwifery registration authority and/or ethical standards/regulatory complaints authority, or any other professional, disciplinary or similar bodies including those outside Australia?			
2	Have you ever had conditions or undertakings attached to your registration or had your registration suspended or cancelled by a nursing and midwifery registration authority, or similar body including any overseas?			
3	Are you currently under investigation by NMBA, health authority (HQCC) or health service?			
4	Is your right to practise and/or scope of clinical practice under investigation and/or ever been denied, restricted, suspended, terminated or otherwise modified by any health care organisation, health facility, Insurer, or other official body, including any overseas?			
5	Do you have any physical or other medical condition or substance abuse which may limit your ability to exercise the scope of practice for which you have applied?			
6	Do you have any disclosable criminal convictions, i.e. convictions as an adult that form part of your criminal history and which have not been rehabilitated under the Criminal Law (Rehabilitation of Offenders) Act 1986? If you are unsure about the status of any criminal convictions which you have, you may wish to seek legal advice in responding to this question.			
7	Are you aware of any matters involving offences which are under investigation and which may involve you?			
8	Have you ever been convicted, or pleaded guilty to, a drug or alcohol related offence?			
9	Do you know of any reason why your application should not be granted?			

If you have responded 'YES' to any of the above questions, please supply details and any relevant documentation, attached separately.

DECLARATION

I, _____ authorise _____ to obtain information on an annual basis from the registration body/indemnity insurance organisation as nominated in this application, regarding the currency of my registration/membership of that body/organisation.

I authorise _____ to have a criminal history check carried out on me.

I declare that the statements contained in this application are correct. In applying for appointment I agree to abide by NSW Health policies and regulations and any terms and conditions which are attached to my appointment by the Midwifery Verification Committee. I undertake to immediately notify the Chair of the Midwifery Verification Committee if my clinical privileges are retracted, withdrawn or altered at any other hospital or birthing centre. I authorise NSW Health, its officers and agents to seek information as to my past experience, performance and current fitness and the validity of my responses to the above questions.

Signed:	Date: / /
Witness signature:	Date: / /

The scope of clinical practice being applied for (please select from the following table):				
	Midwifery Care	YES	NO	
Antenatal:	Antenatal classes on site			
	Antenatal visits on site			
	Cardiotocograph monitoring & interpretation			
	Maternal resuscitation			
	3rd trimester ultrasound			
	Post dates assessment			
	Cardiotocograph monitoring & interpretation			
	Application fetal scalp electrode			
Intrapartum:	Blood gases collection			
	Care of woman during 1st, 2nd, 3rd and 4th stages			
	Vaginal breech birth			
	Vaginal birth after caesarean			
	Epidural management			
	Perineal suturing for first, second degree tears, and episiotomy			
Postpartum:	Newborn resuscitation			
	Comprehensive assessment of the newborn			
	Lactation support			
Other Inclusions:	IV cannulation			
	Venepuncture			
	Other:			
Exclusions	(Please list any exclusions that apply:)			
Pathology Tests:	Able to request pathology as per ' <i>Pathology MBS Items a Midwife can Request</i> '			
	Pathology requests that are NOT on the MBS Item List but are to be included within the VEM scope of practice (please list):			
	Pathology requests that are excluded:			
Other (Please provide details for which scope of clinical practice is sought):				
Please ensure that details of clinical experience, qualifications, education and training to support the above responses are included as part of CPD evidence.				
Endorsement to Prescribe:	Across continuum of care	Antenatal	Ante and Postnatal	Postnatal
Prescriber Number:				

References

Please nominate professional referees who can comment on your skills and professional performance in the areas for which you are seeking scope of practice.

Referee 1		Designation: Nurse/Midwifery Manager	
Name:			
Position:			
Work Address:			
Work Phone:		Mobile:	
Email:			
Referee 2		Designation: Member of a multi-disciplinary team	
Name:			
Position:			
Work Address:			
Work Phone:		Mobile:	
Email:			

Signed Statement of Support From ...

I have reviewed the application form from the visiting endorsed midwife _____ to undertake clinical practice at _____ (name of participating dept./facility).

I support the appropriateness of the requested scope of clinical practice.

Signed: _____ Print Name: _____
 Designation: _____ Date: / /

Signed Statement of Support From ...

I have reviewed the application form from the visiting endorsed midwife _____ to undertake clinical practice at _____ (name of participating department/facility).

I advise that the requested scope of clinical practice is within the scope of the facility.

Signed: _____ Print Name: _____
 Designation: _____ Date: / /

Recommendation of the Committee

Application details checked by (name): _____

Signature: _____ Date: / /

Decision of Midwifery Verification Committee meeting, held: Date: / /

Application: Approved Not Approved

If not approved, provide detailed reasons here:

Letter to applicant advising outcome of application: Yes Copy attached