

**Schedule
FORM 1**

HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911

HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994

**NOTIFICATION OF INTENTION TO ENTER INTO PRIVATE
PRACTICE AS A MIDWIFE**

CHIEF HEALTH OFFICER

I intend to enter into private practice as a midwife on _____ / _____ / 20_____

PERSONAL PARTICULARS

Full Name: _____

Date of Birth: _____ / _____ / _____

Telephone Numbers (*Business or *Private):

(Tel) _____ (Mob) _____

Address (*Business or *Private): _____

Suburb: _____ Postcode: _____

Australian Health Practitioner Regulation Agency Midwifery Registration Number:

NMW _____

Professional Indemnity Insurance Provider: _____

Signature: _____

Date: _____ / _____ / _____

* Delete if not applicable