

**Schedule  
FORM 1**

*HEALTH ACT 1911*

*HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994*

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

EXECUTIVE DIRECTOR  
PUBLIC HEALTH

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

**PERSONAL PARTICULARS**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Numbers (Bus or Priv): (Tel) \_\_\_\_\_ (Mob) \_\_\_\_\_

Address (Business or Private): \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

AHPRA **Midwifery** Registration Number: NMW \_\_\_\_\_

Professional Indemnity Insurance Provider: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SUBMISSION OF COMPLETED FORM**

Fax to (08) 9222 4467 with attention to: Principal Midwifery Advisor

or mail completed form to:

Principal Midwifery Advisor  
Nursing and Midwifery Office (Level 2, B Block)  
Department of Health, WA  
Reply Paid 70042 (Delivery to Locked Bag 52)  
PERTH BC WA 6849

Please mark envelope **“PRIVATE AND CONFIDENTIAL”**