



HEALTH STATUS DISCLOSURE STATEMENT

Fitness for Registration

Pursuant to s16(c), Health Practitioners Competence Assurance Act 2003

Applicants are requested to use this form to make a disclosure regarding their health status to the Council. This is to provide the Council Health Committee 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.

Name of applicant:	
Plans for practice	
Medical disclosure Please provide a brief summary including diagnosis current and any future treatment	
Please describe the circumstances leading to your disclosure	
What impact has this had on your ability to engage in clinical practice during your programme of education?	
Regarding your health condition what support and boundaries do you have in place for your practice ?	
Any further information you wish to provide in support of your application for registration	
Signature of applicant:	Date: (mm/dd/yy)

Please email directly to health@midwiferycouncil.health.nz