



Character Reference – Person of Good Standing

This form is to be completed by a person who has known the applicant for at least two years. It should be sent directly to the Council by the referee to info@midwiferycouncil.health.nz

This character reference is given in support of an application to be entered onto the New Zealand Register of Midwives. Section 16(d) of the Health Practitioners Competence Assurance Act 2003 states that an applicant for registration may only be registered as a health practitioner if they meet certain requirements. These are listed in Section One.

Applicant Details	
Title/Position	
Given Name(s)	
Family Name	

I hereby certify that I have known (*enter applicant's name*):

For _____ (*enter number of years*)

Section One – Assessment of Character

As a Person of Good Standing, I have read the fitness requirements for registration as a midwife as outlined below and I am of the opinion that the applicant:

	Yes	No
Is a fit person to be registered		
Is able to communicate effectively in and comprehend English sufficiently to protect the health and safety of the public		
Has no civil or criminal convictions which may adversely affect her/his ability to practise as a midwife		
Has no mental or physical condition (including substance abuse) which may adversely affect her/his ability to practise as a midwife		
Is not subject to any professional disciplinary proceeding, or under a disciplinary investigation, or subject to any professional disciplinary order		
Is of good character		
Is able to recognise her/his own limitations, strengths and weaknesses		
Is able to adapt to new situations in a new cultural environment or practice setting		



Section Two – Declaration

I declare that I am the person named as the applicant’s referee, and that the information I have given regarding the applicant is true and correct.

I understand that the information I have provided is to be used by the Midwifery Council for the purposes of considering the applicant’s application for registration in New Zealand and may be disclosed to agents of the Midwifery Council for these purposes.

I agree to supply additional information if requested by the Council

I am **not** a person living with applicant or close relative

Referee’s Details	
Title/Position	
Given Name(s)	
Family Name	
Phone	
Email	
Address	
Relationship with applicant	
Signature	
Date	

Section Three – Additional Information (complete if applicable)

If you have any additional comments about the applicant, or their suitability to be entered onto the register, please provide in the box below: