Bachelor of Midwifery Additional Requirements (CH3991)

Applicant’s full name: 

Date of birth: 

You must complete this in addition to the Admission and Enrolment form. Your application will not be processed until you have submitted the Admission and Enrolment form and all additional requirements with all sections of this form completed.

Satellite/Area

Please tick the satellite/area you are applying for:

☐ Christchurch  ☐ Nelson/Marlborough  ☐ Mid/South Canterbury  ☐ West Coast (please enquire)

Assignment for application

As part of the initial selection process you are required to write an assignment with a limit of approximately 1000 words. Please ensure you use A4 paper, the assignment is typed in double spacing and referenced and/or bibliography provided. Complete the enclosed Assignment Cover Sheet and attach your assignment securely to your application form. (Your assignment must include all three questions.)

A Outline your understanding of the role of the midwife and describe why you want to be a midwife. Include in your answer personal qualities and relevant aspects from your life experiences which you would bring to the midwifery profession (approximately 250 words).

B Describe where you see midwifery in the wider context of women’s health and what you consider the significant issues are for midwifery practice in New Zealand today (approximately 500 words).

C Describe how your background has prepared you to work in a profession that provides midwifery care to a diverse population (approximately 250 words).

NB: Please be aware, you are asked to declare that this assignment is all your own original work.

English Language requirements

Is English your first language? ☐ Yes ☐ No

If NO, you are required to provide with your application evidence of your English Language skills as below:

• IELTS 7.0 Academic (no lower than 6.5 in reading and writing and 7.0 in speaking and listening subtests).
Practical placement experience outside of region

Within the Bachelor of Midwifery programme students are required to have practical placements outside of their region whether based in Christchurch or in one of the satellites.

I understand that I will be required to complete practical placements outside of either Christchurch or my satellite base during the Bachelor of Midwifery programme.

Signed: 

Date: 

Life/work experience

Please provide an account below of all experience - part time, full time and voluntary, including care of own children, or attach a CV.

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<tr>
<th>Employer/Place of Work</th>
<th>Nature of Experience/Responsibilities</th>
<th>Duration</th>
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Health status

Have you, or has anyone in your family, had any physical or mental health problem which could affect your ability to meet the requirements of a demanding programme with a significant clinical component?  

☑ Yes ☐ No

Are you now or have you ever received any treatment for a physical or mental health condition?  

☑ Yes ☐ No

If YES, please state the problem and outline support/strategies needed:


I confirm that I can read and write unassisted in English (because of the requirements to independently and accurately read and write case notes and other documentation when in clinical practice)

Signed: 

Registered nurses

If you are a registered nurse please complete the following:

What registration/s do you hold?:

Where and when was this obtained?:

Do you hold a current annual Practising Certificate?  

☐ Yes ☐ No

Employer/Place of Work

Nature of Experience/Responsibilities

Duration
Convictions against the law

When students successfully complete the Bachelor of Midwifery and apply to sit the Midwifery Council of NZ National Exam they are required to make a declaration about whether they have ever been convicted of any offence against the law. It is our policy to alert applicants to this requirement and ask them to make a similar declaration when they first apply. This information is sought so that potential problems regarding registration as a midwife and access to practical experience may be discussed with applicants before their application is processed.

As all accepted applicants are police vetted through the enrolment process, it is important that this initial declaration is correct. If an applicant provides information that is proved to be false/misleading, the application/enrolment may be declined/withdrawn. When accepted on to the programme, you will be asked to complete and return an NZ Police Vetting Request and Consent form before or at your orientation. Your consent to disclosure will be entered by Ara onto the NZ Police Licensing and Vetting Service database and results will be returned in confidence to the Head of Department or delegated authority.

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?  □ Yes □ No  If YES, please specify details with date of conviction.

Have you ever been refused enrolment by a tertiary provider in New Zealand or overseas?  □ Yes □ No  If YES, please explain

Have you ever been enrolled in a Midwifery programme in New Zealand or overseas?  □ Yes □ No  If YES, please explain

Have you ever been refused registration as a health professional in New Zealand or overseas?  □ Yes □ No  If YES, please explain

Have you been subject to a disciplinary investigation by any regulatory authority other than Midwifery Council of New Zealand (eg SWRB, Teachers Registration Board etc) in New Zealand or overseas?  □ Yes □ No  If YES, please explain

If selected for the programme

If you are selected for this programme, the following forms will be sent along with your enrolment pack:

- 3rd Party form (for Police Vetting Authority)
- Police Vetting form
- Health questionnaire - This needs to be completed by a GP/health provider at your expense and returned to Ara by the start of the programme. This will need to include evidence of your immunisation status or having vaccinations to meet the policies of the various clinical practice institutions and agencies.
- You will also need to have a first aid certificate which must include unit standards 6400, 6401 and 6402; proof of this is required before your enrolment onto the programme can be completed.
Declaration

I hereby declare that the information I have given above is true and correct; no information which could have a material bearing on my registration as a registered midwife has been withheld. I understand that making a false declaration is an offence under the Crimes Act 1961.

I agree to notify the Head of Midwifery if there is any change to my situation during the duration of the Bachelor of Midwifery programme.

Full name: 
Signed: 
Dated: 

Application checklist – I have attached:

☐ An Admission & Enrolment Form (or I have applied online)

☐ Evidence of how I meet the Academic Entry Requirements
  - If you are currently studying, please note which qualification and the provider.
  - If it is NCEA Level 3 please note the subjects.

☐ Evidence of my English Language Requirement (if applicable)

☐ Two of the following
  verified copy of my birth certificate, New Zealand passport or overseas passport with residency status

☐ A verified copy of my FULL New Zealand driver’s licence (or a verified copy of my current driver’s licence and I am in the process of obtaining a full licence)

☐ An assignment with cover sheet

☐ Two Report on Applicant forms (not a friend or relative)
Assignment Cover Sheet

(to be completed and attached to your assignment with your Bachelor of Midwifery application)

Applicant to complete all sections

Name: __________________________________________

Student ID Number: (if known) _________________________

Word Count: ______________________________________

DECLARATION:

☐ I declare that this assignment is all my own original work.

Signed: _________________________________________

Date: ____________________________________________

Note: Penalties for dishonest academic practice are outlined in the Plagiarism, Cheating or Other Dishonest Practices policy - http://www.ara.ac.nz/_data/assets/pdf_file/0004/131557/APP304-Academic-Misconduct.pdf
Report on Applicant - Bachelor of Midwifery

Applicant's name: 
Address: 
Date of birth: 

The above details are to be completed by the applicant.

Please see notes over page before completing this form.

Please place a cross (x) on the scale to indicate your assessment of the applicant in relation to each of the qualities.

### Personal qualities

- Honest
- Mature
- Reliable
- Well groomed
- Tolerant
- Accepts responsibility

**Comments:**

### Interpersonal relationships

- Relationships with peers: Friendly, supportive
- Relationships with people with authority: Open, constructive
- Consideration for others: Accepting, considerate
- Communication skills with others: Effective, clear

**Comments:**

### Attitudes to work/study

- Perseverance: Appropriately persistent
- Cooperation with others: Participative
- Application to work/study: Excellent
- Acceptance of correction: Accepting questions appropriately
- Initiative: Motivated, appropriately independent
- Information seeking: Enquiring

**Comments:**

The above details are to be completed by the applicant.
Please add any general comment about the applicant’s performance at work/school.


Is attendance pattern acceptable? Yes No If NO, comment


Is there any reason why this person shouldn’t work with children or vulnerable adults?


Do you consider the applicant able to undertake a full time 3 year programme of intensive study and a significant clinical component? Yes No Comments


Is the information in this “Report on Applicant” to be kept confidential from the applicant? Yes No

Signature

Date

Name

Relationship to applicant (eg employer, teacher etc)

Notes

1. The statement which schools provide for school leavers is an acceptable alternative to this report.

2. The information and opinion provided in this report constitute “personal information” in terms of the Privacy Act 1993. The person about whom this information and opinion are provided (the applicant) is entitled to have access to this report under IPP6 and to seek correction of this report under IPP7. Information or opinion provided in this report may be disclosed under IPP11 to the applicant and members of the Selection Committee.

PLEASE RETURN THIS FORM, AFTER COMPLETION, TO THE APPLICANT WHO IS RESPONSIBLE FOR ITS RETURN TO ADMISSION AND ENROLMENTS AT ARA INSTITUTE OF CANTERBURY (UNLESS IT IS TO BE KEPT CONFIDENTIAL) OR HANDED IN WITH THEIR APPLICATION.
**Report on Applicant - Bachelor of Midwifery**

**Personal qualities**

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**Interpersonal relationships**

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Please place a cross (x) on the scale to indicate your assessment of the applicant in relation to each of the qualities.

**Applicant’s name**

**Address**

**Date of birth**

The above details are to be completed by the applicant. Please see notes over page before completing this form. Please place a cross (x) on the scale to indicate your assessment of the applicant in relation to each of the qualities.
General

Please add any general comment about the applicant’s performance at work/school.


Is attendance pattern acceptable? Yes No If NO, comment


Is there any reason why this person shouldn’t work with children or vulnerable adults?


Do you consider the applicant able to undertake a full time 3 year programme of intensive study and a significant clinical component? Yes No Comments


Is the information in this “Report on Applicant” to be kept confidential from the applicant? Yes No


Signature


Date


Name


Relationship to applicant (eg employer, teacher etc)


Report on Applicant- Bachelor of Midwifery

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