

Form No. 6.] [Reg. 13 (5).
The Nurses and Midwives Registration Act, 1925.

PARTICULARS OF REGISTRATION TO BE PUBLISHED IN THE GAZETTE.

Registered number : Qualifications :
 Name : Hospital at which trained :
 Date of registration : Residence :

Form No. 7.] [Reg. 16 (3).
The Nurses and Midwives Registration Act, 1925.

NOTICE OF APPEAL.

To the Registrar of Nurses and Midwives,
 Health Department, Wellington.

TAKE notice that I, _____, of _____, do hereby appeal, under section 22 of the Nurses and Midwives Registration Act, 1925, against the decision of the Registration Board, conveyed to me by letter dated the _____ day of _____, 19 _____.

The following are the grounds upon which I make my appeal :

And I do hereby appoint _____, of _____, as one of the assessors for the purposes of this appeal.

Dated at _____ this _____ day of _____, 19 _____.

Signature of appellant :

I hereby consent to act as an assessor for the purposes of this appeal.

Signature of assessor of appellant :

Form No. 8.] [Reg. 21 (2).
The Nurses and Midwives Registration Act, 1925.

NOTICE TO BE SENT BY MIDWIFE REQUIRING ASSISTANCE OF REGISTERED MEDICAL PRACTITIONER.

To Dr. _____, 19 _____.

YOUR help is immediately required at _____, owing to _____.
 The patient's condition is _____.

Time : _____ [Signed] _____ M.,
 Registered Midwife.

Form No. 9.] [Reg. 22 (1).
The Nurses and Midwives Registration Act, 1925.

RECORD TO BE KEPT BY EVERY MIDWIFE OR MATERNITY NURSE OF EACH PATIENT SHE HAS ATTENDED IN PRIVATE PRACTICE.

No. _____

Date of engagement to attend :

Name and address :

Number of previous labours and miscarriages :

Age :

Date and hour of nurse's or midwife's arrival :

Number of vaginal examinations made by nurse or midwife :

Presentation :

Duration of first, second, and third stage of labour :

Complications (if any) during or after labour :

Nature of any operation performed during or after labour or during the lying-in period :

Sex of infant : _____ . Born alive or dead :

Full time, or premature : _____ . If premature, number of months :

If doctor called : _____ . Name of doctor :

A record of temperature taken twice daily :

Date of nurse's or midwife's final visit :

Condition of mother then :

Condition of child then :

Whether suckled :

Remarks :