

Form No. 5.] [Reg. 13 (4).
The Nurses and Midwives Registration Act, 1925.

FORM OF REQUEST TO BE USED BY NURSES, MIDWIVES, AND MATERNITY NURSES THAT THEIR NAMES SHALL BE PUBLISHED IN THE GAZETTE.

I, [Full name], a [State if nurse, midwife, or maternity nurse] registered under the Nurses and Midwives Registration Act, 1925, desire to have my name published in the Gazette.

My place of abode is [Give address at which you propose to live while practising.]

I was registered on the _____ day of _____, 19 ____ .
 [In case of woman married after registration] My maiden name was _____

Dated at _____ this _____ day of _____, 19 ____ .
 Signature :.....

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 : _____