

# MDHB External Midwifery Education Registration

REGISTRATION AND CONTACT DETAILS			
<b>Your Full Name:</b> <i>(print clearly)</i>			
Council registration number:			
Workplace:		LMC within MDHB/WDHB District	WDHB Employee      Other DHB /LMC
Postal Address:			
Practice	Home		Post code:
Contact Phone Number:			
Email address: <i>A confirmation will be sent to address provided.</i>			
COURSE NAME	Date	Cost (incl GST)	Code
<b>STOP! Please check availability of your required course prior to making payment.</b>			
<b>Confirmations are subject to space availability. Any refunds will incur a \$20 administration fee.</b>			
Breastfeeding Study Day - Student \$70	1 <sup>st</sup> Date , 2 <sup>nd</sup> Date	\$135/\$70	F
Combined Midwifery skills day	1 <sup>st</sup> Date , 2 <sup>nd</sup> Date	\$150.00	A
Newborn Life Support - MDHB/WDHB LMC \$30	1 <sup>st</sup> Date 2 <sup>nd</sup> Date	\$150/\$30	C
RANZCOG FSEP - MDHB/WDHB LMC's \$30	1 <sup>st</sup> Date , 2 <sup>nd</sup> Date	\$175/\$30	D
PROMPT (DOCTORS) - MDHB/WDHB LMC's \$30	1 <sup>st</sup> Date , 2 <sup>nd</sup> Date	\$200/\$30	E
Other:	1 <sup>st</sup> Date , 2 <sup>nd</sup> Date		G
<b>TOTAL PAYMENT</b> (calculate & enter the total amount payable)		<b>(incl GST)</b>	
<b>Note: Registrations for courses that are full will be booked on an alternative date</b>			
<b>Before processing payment for registering on the above course/s, please note the following cancellation policy:</b>			
<ul style="list-style-type: none"> <li>MidCentral District Health Board reserves the right to cancel a course due to insufficient numbers. In this event participants will be rebooked.</li> <li>A minimum \$20 administration fee will be charged if registration is cancelled less than 7 days beforehand.</li> <li>The full course fee will be charged for non-attendance of those who do not give any notice.</li> </ul>			
<b>By signing and submitting this form for registration you agree to the above.</b>			
<input type="checkbox"/> <b>Accept</b> (for online) / <b>Signature:</b>			

<b>Payment Method:</b>  <i>Payment is required at the time of booking – (for online banking please complete the date of payment below)</i>	Online Banking <i>Payee: MidCentral District Health Board Account No. 020727 0057067 00 Please use your Name and Course Code/s as your reference eg J Bloggs ABCF</i>
	Cash <i>-paid at the Education Centre, Gate 12 Ruahine St, Palmerston North (No EFTPOS)</i>  Not Applicable
Do you require a receipt?	Yes      No
<b>Date of Payment:</b>	

**Please return completed form (at least 10 days prior to course commencement) by email to [education@midcentraldhb.govt.nz](mailto:education@midcentraldhb.govt.nz) or post:**

Education Administrator  
Education Centre  
Palmerston North Hospital  
Private Bag 11036  
Palmerston North

## OFFICE USE ONLY

Receipt No. :

Account code:

Amount :