

Consent Form

We need midwives to consent for their details to be added to our website www.findamidwife.org.nz and Find a Midwife forms for Wellington, Porirua and Kapiti. Please use this form.

CONSENT FOR HAVING YOUR INFORMATION LISTED		
<p>If you do not already have your details on www.findamidwife.org.nz or wish to change information already listed there, please complete the form below, with the information you want to be available to the public, save it and keep a copy for yourself then return it to us by email or post. We need you to sign and date this form before we can add your details. Findamidwife.org.nz is owned by Capital & Coast District Health Board.</p> <p>Adding your email directly to the www.findamidwife.org.nz contact list could increase your risk of SPAM.</p> <p>We will remove your details from the website when requested. Please be aware however that indexing robots (not only Google's) can index old documents with your details, meaning that your details still may be available to search engines even after having been removed from www.findamidwife.org.nz</p>		
I wish to be listed on the website:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I wish to be listed on the CCDHB Find a Midwife forms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact person for maintaining this listing:		
To keep our list updated we will send regular emails to check and update your details, unless you advise us that you don't wish us to contact you.		
Name:	Signature:	Date:
INFORMATION AVAILABLE TO THE PUBLIC (this can be as an individual or as a group)		
Midwife name/s and or practice name (this will act as the title for our list):		
About us (services offered – eg home or hospital birth and which hospitals used, if the Midwives can speak to clients in languages other than English, your Midwifery philosophy, how many women you look after and your back up):		
Area covered:	Contact:	
Best way to contact (include contact and time of day that is best):		
Practice/Midwife website:		
Availability for this year (eg if full or away):		
FOR OFFICE USE ONLY (unless you state can be available to the public)		
Address:		
Midwife mobile:	Contact fax:	
Contact email: (Note - adding your email directly to the website could increase your risk of spam)		

Email completed form to:

Or deliver to:

Antenatal Information Coordinator, Women's Health, Level 4, Pod B North, Wellington Hospital 6021. If you need further information regarding this project, phone 0800 346 369.

"Together, Improve the health and independence of the people of the district"