

VBS101

# Voluntary Bonding Scheme 2011 Intake – Midwives Application forPayment

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## About this Application Form

This application form applies to midwives who:

* have been confirmed on Health Workforce New Zealand’s Voluntary Bonding Scheme;
* graduated in 2010, and have completed their first 36 months and/or 2nd & 3rd 12 months on the Scheme whilst meeting the terms and conditions of the Scheme.

If you meet the above criteria, you are eligible to complete this form and apply for payment from the Voluntary Bonding Scheme.

Submitting this form is not an automatic guarantee of payment. Your eligibility to receive payment will be assessed once your completed application form is received.

If you submit an application form that is incomplete or missing information, it is not possible to complete an assessment. We will then contact you for additional information. Assessment will commence once all necessary information is received.

Please refer to the **Checklist** to ensure that you have included all required information.

## How to Apply for Payment

You will need to fill in all required fields in the application form, provide all additional documentation, and sign the declaration at the back of this form.

Once you have all of the information required, and the application is completed, you can then post the entire Application Form to Health Workforce New Zealand’s Voluntary Bonding Administrator. Their postal address can be found below.

**Payment Timeframes:** The assessment and payment process for an application for payment form can take up to 12 weeks or more. This time frame is approximate and is affected by the volume of applications submitted to HWNZ at a particular time.

## Postal Address

**Please send your application to:**

Voluntary Bonding Scheme

Health Workforce New Zealand

PO Box 5013

Wellington 6145

## Submission Requirements

To successfully apply for payment, you must provide the following:

* A completed and signed Voluntary Bonding Scheme Payment Application Form (All compulsory fields completed).
* Proof of permanent New Zealand Residency or Citizenship. This could be a copy of your passport, Birth Certificate, Certificate of Citizenship, or Permanent Residency Visa.
* Proof of your identity. This could be a copy of your driver’s licence (This is only required if your Proof of Residency does not contain Photographic identification (such as your Birth Certificate or Certificate of Citizenship))

If you do not have a student loan balance remaining please provide:

* Verification of your bank account details (e.g. a bank-verified deposit slip) for the account you wish the payment to be made to.

**DHB employed midwives must also provide:**

* Any certificate(s) of service from your employer(s) during your bonded service, which includes and verifies:
* Employment History:
  + First Payment Application - Your employment history from 1 January 2011 until at least 1 January 2014.
  + Second Payment Application - Your employment history from 1 January 2014 until at least 1 January 2015 **OR** that you have been in eligible employment for 12 months after you became eligible to apply for your first payment from the Scheme
  + Third Payment Application - Your employment history from 1 January 2015 until at least 1 January 2016 **OR** that you have been in eligible employment for 12 months after you became eligible to apply for your second payment from the Scheme

**Note:** The date you become eligible to apply for your payment may differ if you have breaks in service or parental leave to make up.

* That you have complied with the minimum 0.6 FTE requirement of the Scheme.
* That you have worked in an eligible hard-to-staff community for the duration of your bonded service.
* Any and all details of breaks, parental leave and/or annual leave taken during the course of your bonded service (if you have not taken any, this must be stated).

**Note:** Please provide any certificate(s) of service on your employer’s letterhead

**LMC midwives must also provide:**

* A declaration from your midwifery provider organisation which includes and verifies:
* The number of births that you have attended in your bonded service per year.
* That you have worked in an eligible hard-to-staff community for the duration of your bonded service.

## Voluntary Bonding Scheme Payment Application Form

**Compulsory fields/attachments are marked with a \***

**\***I am applying for payment under the Voluntary Bonding Scheme for my:

First Payment Second Payment Third Payment

(Years 1-3 / 36 Months) (Year 4 / 12 Months) (Year 5 / 12 Months)

### Section A – Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.\*** | Title: |  | | |
|  | First Name(s): |  | | |
|  | Surname: |  | | |
| **2.\*** | Email Address: |  | | |
| **3.\*** | Postal Address: |  | | |
|  |  |  | | |
| **4.** | VBS Reference Number (if known): |  | | |
|  |  | | **Yes** | **No** |
| **5.\*** | I am a New Zealand Citizen or hold permanent New Zealand Residency and have provided verification of this: | |  |  |
| **** | **** |

### Section B – Professional Information

|  |  |
| --- | --- |
| **6.\*** | During my bonded service, I have worked in the following hard-to-staff community or communities (and they are verified on any certificate(s) of service that I have provided with this application form)1: |

|  |  |
| --- | --- |
| ****Hutt Valley DHB | ****Counties Manukau DHB |
| ****South Canterbury DHB1 | ****Hawke’s Bay DHB |
| ****Taupo District | ****Northland DHB |
| ****Waitemata DHB | ****Southland Region |
| ****Whanganui DHB | ****Taranaki DHB |
| ****West Coast DHB | ****Wairarapa DHB |

1.Please refer to the terms and conditions with regard to moving between hard-to-staff communities for midwives.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| **7.** | I intend to remain on the Scheme 1: | **** | **** |

2. Please note that this is an indication of your intention and does not affect your eligibility.

Complete the section below that applies to you as either a DHB midwife or an LMC midwife during your bonded service and supply all of the required information. If you have been employed as both a DHB and LMC midwife, complete both sections and supply all of the required information.

|  |  |  |  |
| --- | --- | --- | --- |
| DHB Employed Midwives | |  |  |
|  |  | **Yes** | **No** |
| **8.** | I have met the minimum full time equivalent (FTE) requirement of 0.6 for the duration of my bonded service : | **** | **** |
|  |  |  |  |
| **9.** | The certificate(s) of service from my employer(s) that I have provided outlines all breaks, parental leave and/or annual leave that I have taken during the course of my bonded service: | **** | **** |
|  |  |  |  |
| **10.** | Have you been employed as a locum for a period of six weeks or more3? | **** | **** |
|  | If yes, provide details below: |  |  |
|  | | | |
|  | | | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lead Maternity Carer (LMC) Midwives | | |  |  |
|  | |  | **Yes** | **No** |
| **11.** | | I have worked in a hard-to-staff **urban** community and have undertaken at least **20** births in my first postgraduate year of bonded service and at least **30** births for the second and subsequent years of practice: | **** | **** |
|  | |  |  |  |
| **12.** | | I have worked in a hard-to-staff **rural** community and have undertaken at least **15** births in my first postgraduate year of bonded service and at least **21** births for the second and subsequent years of practice:: | **** | **** |
|  | |  |  |  |
| **13.** | | Have you been employed as a locum for a period of six weeks or more3? | **** | **** |
|  | | If yes, provide details below: |  |  |
|  | | | | |
|  | | | | |
|  | | | | |
| **14.** | I have not exceeded the breaks, pauses or parental leave provisions as outlined in the terms and conditions:  (Please outline below (if applicable) all breaks in employment taken during your bonded service) | | **** | **** |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

3 Please refer to the terms and conditions with regard to working as a locum.

### Section C – Payment Information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **15.\*** | IRD Number: |  | **0** |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **16.\*** | Tick the box below that applies to you then follow the direction of the text in *italics* (you only need to complete one Insert before moving to Section D): | | | |
|  |  | |  |  |
|  | **** | I am an employee (PAYE is deducted from my wages by my employer). *Complete ONLY Insert 1.* | | |
| **OR** |
|  | **** | I am an independent contractor (I organise payment of my own tax and complete an Individual Tax Return [IR3])  *Complete ONLY Insert 2.* | | |

### Insert 1 - Employees

Only complete this section if instructed to do so in Section C

**Note:**  Your payment is subject to PAYE taxation and an ACC earner levy. The Ministry will deduct these before payment is made. The following information is required to enable this:

17. I have money owing on my Student Loan: Yes Continue to 18

No Continue to 17a

17a. Complete your bank account number below **AND** include verification of your bank account details for your chosen account:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Bank | |  | Branch | | | |  | Account | | | | | | |  | Suffix | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1 | 2 |  | 1 | 2 | 3 | 4 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  | 1 | 2 | 3 |  |

17b. By ticking this box I confirm that I have provided verification of my bank account details and included it with this application form:

18 Based on your expected gross income including this payment, state your annualised income below or tick the box instead (if appropriate):

$15,672 Greater than

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + or $5,224 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR $118,191.00

Expected gross This

income + payment = Total annual income

***Note:*** *For the purpose of this calculation consider the payment to be approximately:*

*First Payment: $15,672*

*Second/Third Payment: $5,224*

### Insert 2 – Independent Contractors

Only complete this section if instructed to do so in Section C

**Note:**  You are responsible for paying your own income tax on this payment. Please be advised that you may also be liable for provisional tax.

19. I am GST Registered Yes

No

20. I have money owing on my Student Loan: Yes Continue to 20a

No Continue to 21

20a. By ticking this box I confirm that I have a Student Loan balance remaining and agree to have this payment made to my student loan account held by IRD

20b. GST Registered Student Loan Holders:

I would like the GST portion of my payment from the Ministry to be made to:

My Student Loan My Bank Account

21. Complete your bank account number below **AND** include verification of your bank account details for your chose account:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Bank | |  | Branch | | | |  | Account | | | | | | |  | Suffix | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1 | 2 |  | 1 | 2 | 3 | 4 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  | 1 | 2 | 3 |  |

21a. By ticking this box I confirm that I have provided verification of my bank account details and included it with this application form:

22. By ticking this box I confirm that I have provided an invoice to enable the Ministry to make payment to IRD:

First Payment: $15,672 (GST Exclusive)

Second/Third Payment $5,224 (GST Exclusive)

## Section D – Declaration

By signing this declaration, I understand and confirm that:

* I have read and understand the Ministry of Health’s Voluntary Bonding Scheme terms and conditions for the 2011 intake.
* The information I have provided is true and complete.
* If I have made a false statement or failed to disclose any relevant information, my application may be delayed or declined or I may be required to pay back any funds I have received under the Scheme.
* The Ministry may contact my employer(s), or any other person, in order to confirm or clarify any information it needs in order to assess this application and/or make payment under the Scheme.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Participant (Print Name): | |  | | | | |
|  | | | | | | |
| Signature: |  | | Date: | / | / |  |

## Checklist

When you think that you have completed your Application for First Payment Form, please use this checklist to ensure that you have included all of the information required. If you submit an application form that is incomplete or missing information, it is not possible to complete an assessment. The application form will be returned to you and assessment will only commence once all information is received.

I have supplied ALL of the following information:

**** A completed and signed Voluntary Bonding Scheme Payment Application Form (All compulsory fields completed).

**** Proof of permanent New Zealand Residency or Citizenship (This could be a copy of your passport, Birth Certificate, Certificate of Citizenship, or Permanent Residency Visa).

**** Proof of my identity (This is only required if your Proof of Residency does not contain Photographic identification (such as your Birth Certificate or Certificate of Citizenship).

**** I have completed the correct payment information insert box and provided all required information.

**** **DHB Midwives:** Any certificate(s) of service from my employer(s) during my bonded service, which includes and verifies:

* My employment history:
  + First Payment Application - Your employment history from 1 January 2011 until at least 1 January 2014.
  + Second Payment Application - Your employment history from 1 January 2014 until at least 1 January 2015 **OR** that you have been in eligible employment for 12 months after you became eligible to apply for your first payment from the Scheme
  + Third Payment Application - Your employment history from 1 January 2015 until at least 1 January 2016 **OR** that you have been in eligible employment for 12 months after you became eligible to apply for your second payment from the Scheme
* That I have complied with the minimum 0.6 FTE requirement of the Scheme.
* That I have worked in an eligible hard-to-staff community for the duration of my bonded service.
* Any and all details of breaks, parental leave and/or annual leave taken during the course of my bonded service.
* Any certificate(s) of service are on my employer’s letterhead.

**** **LMC Midwives:** Any declarations from your midwifery provider organisation which includes and verifies:

* The number of births that you have attended in your bonded service.
* That you have worked in an eligible hard-to-staff specialty for the duration of your bonded service.