Attached is the application form for authority to claim under the Primary Maternity Services Notice 2007 (the Notice) and an information sheet about the requirements of the Vulnerable Children Act 2014 (the Act) for maternity services providers.

The Ministry of Health (the Ministry) requires the following documents to be provided for all practitioners included on the application:

1) A copy of a safety check (issued in accordance with the Vulnerable Children Act 2014) that confirms the date the safety check was issued,* or
2) A completed Employer Verification Form confirming a safety check has been completed,* and
3) A copy of a current practicing certificate, and
4) Bank account verification, if a new payee number is required.


Please send the completed application form and accompanying documents to:

Email: DunedinAASupport@moh.govt.nz

Post: Primary Care
      Ministry of Health
      Private Bag 1942
      Dunedin 9054

Fax: 03 474 8582

For further information, please call the Ministry of Health contact centre on 0800 281 222 (Option 4, then 1)

The contact centre hours are:
Monday, Tuesday, Thursday, Friday - 8.00 am–5.00 pm
Wednesday - 9.30 am–5.00 pm

Or email your enquiry to
DunedinAASupport@moh.govt.nz
Attention – Maternity Services Application Query

Applications will be processed within 5-10 working days of receipt; however this may take longer if the application form is incomplete or required documents are not included.
Application for an Authority to Claim under the Primary Maternity Services Notice 2007

Applications will be processed within 5–10 working days of receipt; however this may take longer if this form is incomplete or required documents are not included. Please only contact the Agreements Administration team on 0800 282 222 if it is longer than 10 days since your application was submitted.

### Maternity Provider Details

<table>
<thead>
<tr>
<th>Application for</th>
<th>Practice</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwifery Council of New Zealand</td>
<td>Medical Council of New Zealand</td>
<td>Medical Radiation Technologist Board</td>
</tr>
<tr>
<td>Registration Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal name*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First name(s)/ Company name</td>
<td></td>
</tr>
<tr>
<td>Family name or surname</td>
<td></td>
</tr>
</tbody>
</table>

| Trading as (if applicable, ie, practice name) |  |
| Business |  |
| Name(s) |  |

| DHB area* |  |
| Business street address details * |  |
| Building name |  |
| Address |  |
| Suburb |  |
| City / Town |  |
| Postal address (if different from business street address – this address will be used for any correspondence) |  |
| Building name |  |
| Address |  |
| Suburb |  |
| City / Town |  |

| Contact details * |  |
| Telephone |  |
| Mobile |  |
| Fax |  |
| Email |  |

**Practice contact person** *(if applicable)*

| First name(s) |  |
| Family name or surname |  |
| Position |  |

**Comments** *(please continue on a separate page and attach if required)*

* indicates mandatory fields
Practitioner details

For maternity providers, other than registered companies, registered charitable trusts or incorporated societies, all practitioners must be as defined in the Notice. Please provide details of all practitioners here.

<table>
<thead>
<tr>
<th>Practitioner details</th>
<th>Practitioner type/details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name or surname</td>
<td>Medical Council of New Zealand</td>
</tr>
<tr>
<td>First name(s)</td>
<td>Medical Council of New Zealand</td>
</tr>
<tr>
<td></td>
<td>Medical Radiation Technologist Board</td>
</tr>
<tr>
<td>Family name or surname</td>
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<tr>
<td></td>
<td>Medical Radiation Technologist Board</td>
</tr>
</tbody>
</table>

If there are additional practitioners, please attach a separate sheet.

Practising certificates

A copy of the Current Annual Practising Certificate MUST be provided for ALL practitioners.

Payee

<table>
<thead>
<tr>
<th>GST registered</th>
<th>GST number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

GST Registered name

Direct credit details

<table>
<thead>
<tr>
<th>Existing payee number</th>
<th>OR</th>
<th>New payee number required</th>
<th>Please attach bank account verification</th>
</tr>
</thead>
</table>

If you are using a claiming organisation (eg, MMPO – Midwifery and Maternity Providers Organisation) please include details below:

Name

Services offered

- Lead Maternity Care Services
- Maternity Non-LMC Services
- Specialist Medical Maternity Services – Obstetrician
- Specialist Medical Maternity Services – Radiology
- Specialist Medical Maternity Services – Paediatrician

Bankruptcy declaration

Have you or anyone in your practice ever been declared bankrupt?*

No | Yes

If yes, please attach a letter from the Official Assignee to confirm your self-employment status of that person(s).

Certification

I understand that:

- the Ministry of Health will use the information in this application form in a manner consistent with the Privacy Act 1993 (where applicable) to process this application for an authorisation to claim under the Primary Maternity Services Notice 2007
- the information in this application form will be held securely by the Ministry of Health and will be kept confidential except when required to be disclosed by law.

I certify that:

- I am authorised to make this declaration on behalf of the organisation (if applicable) applying for an authorisation to claim under the Primary Maternity Services Notice 2007
- I / We agree to comply with the terms and conditions of the Primary Maternity Services Notice 2007
- I / We will comply with any reasonable conditions that the Ministry of Health requires for the granting of an authorisation; and the information contained in this form is true and correct
- I / We have a Child Protection Policy in place in accordance with the requirements under the Vulnerable Children Act 2014.

Signature

Date signed

Supporting Documentation: (please tick as included)

- Current Annual Practising Certificate* ✓
- Vulnerable Children Act Safety Check* ✓

Bank account verification (if applying for a payee number)

Payee number

Agreement number

As from

Ministry of health to complete

* indicates mandatory fields

Please send completed forms to: Ministry of Health, Private Bag 1942, Dunedin 9054
Or fax to 03 474 8582 or email to dunedinaasupport@moh.govt.nz

July 2016
HP6442
Vulnerable Children Act 2014

Children’s worker safety checking and child protection policies

July 2016

This information is for providers who apply for an authority to claim under the Primary Maternity Services Notice 2007 (the Notice) on the requirements of children’s worker safety checks and child protection policies under the Vulnerable Children Act 2014 (the Act).

The Act introduced measures to ensure children can be better protected from abuse and neglect both in their homes and in the community. Children’s worker safety checking and child protection policies are initiatives to support the children’s workforce to collectively build knowledge and skills to keep children safe.

From 1 August 2016 all new applications for an authority to claim under the Notice must include

- evidence of a completed safety check, and
- confirmation a Child Protection Policy has been adopted.

This means no authority to claim under the Notice can be approved unless these requirements have been met.

Child Protection Policy

Individuals or practices can develop their own policy if they wish as long as their policy complies with the requirements of the Act. Further information and guidelines on developing high quality Child Protection Policies can be found on the Children’s Action Plan website.

http://childrensactionplan.govt.nz/childrens-workforce/child-protection-policies/

Independent midwives may wish to contact the College of Midwives (NZCOM) regarding a members Child Protection Policy they can adopt. *

How to obtain a safety check

The Ministry of Health has entered into an agreement with CV Check (New Zealand) Limited to provide an independent safety checking service. This service has been established to enable self-employed practitioners and children’s workers to meet the safety checking requirements under the Act.

Applications for a safety check can be made through the link on the back of this sheet.

The cost of a safety check will range between $130 (excl. GST) for existing workers, and $290 (excl. GST) for new workers. The cost varies because under the Act there are different safety checking requirements for new and existing children’s workers. The Service has been established as a ‘user pays’ service because the cost is a legislative requirement and a normal business expense for providers delivering children’s services.

For more information and a breakdown of the costs of the safety check please visit https://cvcheck.com/nz

Providers who already hold a current safety check that meets the requirements of the Act will not need to be rechecked. However, confirmation of their safety check must be provided. This can be done by using the employer verification form* or by providing a copy of the safety check with their application.

Website links to find out more about the requirements of the Vulnerable Children Act 2014:

Ministry of Health - Primary Maternity Services
Ministry of Health - Children’s Action Plan: Children’s worker safety checking and child protection policies

Children Action Plan - Child Protection Policies

Children Action Plan - Safety Checking

New Zealand College of Midwives:
https://www.midwife.org.nz/

Where to apply for a safety check
https://cvcheck.com/nz

Where to obtain the Employer Verification form

For further information, please call the Ministry of Health contact centre on 0800 458 448

Monday, Tuesday, Thursday, Friday
8.00 am–5.00 pm
Wednesday
9.30 am–5.00 pm

Or email your enquiry to DunedinAASupport@moh.govt.nz
Attention - Maternity Services Authority Query