

## Application for authority to claim under the Section 88 Primary Maternity Services Notice 2007

June 2016

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.

More information about the Primary Maternity Services Notice 2007 can be found at <http://www.health.govt.nz/our-work/life-stages/maternity-services>

Please send the completed application form and accompanying documents to:

**Email:** [DunedinAASupport@moh.govt.nz](mailto: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](mailto: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.

\* Please refer to the attached information sheet about the requirements of the Vulnerable Children Act 2014

# 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

Application for  Practice  Individual

Professional Body  Midwifery Council of New Zealand  Medical Council of New Zealand  
 Medical Radiation Technologist Board

Registration Number

### Legal name\*

First name(s)/ Company name

Office use only  
PerOrg number

Family name or surname

### Trading as (if applicable, ie, practice name)

Business

Office use only  
PerOrg number

Name(s)

DHB area\*

### Business street address details \*

Building name

Address

Suburb

City / Town  Postcode

### Postal address (if different from business street address – this address will be used for any correspondence)

Building name

Address

Suburb

City / Town  Postcode

### Contact details \*

Telephone  Mobile

Fax

Email

### Practice contact person (if applicable)

First name(s)	<input type="text"/>
Family name or surname	<input type="text"/>
Position	<input type="text"/>

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.

Practitioner details		Practitioner type/details		
Family name or surname	<input type="text"/>	<input type="checkbox"/> Medical Council of New Zealand	<input type="checkbox"/> Midwifery Council of New Zealand	<input type="checkbox"/> Medical Radiation Technologist Board
First name(s)	<input type="text"/>	Registration number <input type="text"/>		
Family name or surname	<input type="text"/>	<input type="checkbox"/> Medical Council of New Zealand	<input type="checkbox"/> Midwifery Council of New Zealand	<input type="checkbox"/> Medical Radiation Technologist Board
First name(s)	<input type="text"/>	Registration number <input type="text"/>		
Family name or surname	<input type="text"/>	<input type="checkbox"/> Medical Council of New Zealand	<input type="checkbox"/> Midwifery Council of New Zealand	<input type="checkbox"/> Medical Radiation Technologist Board
First name(s)	<input type="text"/>	Registration number <input type="text"/>		

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

GST registered  No  Yes GST number

GST Registered name

Direct credit details Existing payee number  OR New payee number required  Please attach bank account verification

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

Name  Payee number

## 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

Please complete the section below if you are making this declaration on behalf of the organisation

Name  On behalf of

## Supporting Documentation: (please tick as included)

Current Annual Practising Certificate\*  Vulnerable Children Act Safety Check\*  Bank account verification (if applying for a payee number)

## Ministry of health to complete

Payee number  Agreement number  As from

\* indicates mandatory fields

# 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.

\* Please see over for website link for more information

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

**Ministry of Health - Primary Maternity Services**

<http://www.health.govt.nz/our-work/life-stages/maternity-services>

**Ministry of Health - Children's Action Plan: Children's worker safety checking and child protection policies**

<http://www.health.govt.nz/our-work/health-workforce/childrens-action-plan-childrens-worker-safety-checking-and-child-protection-policies>

**Children Action Plan - Child Protection Policies**

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

**Children Action Plan - Safety Checking**

<http://www.childrensactionplan.govt.nz/childrens-workforce/safety-checking-and-the-workforce-restriction/>

**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**

<http://www.health.govt.nz/our-work/health-workforce/childrens-action-plan-childrens-worker-safety-checking-and-child-protection-policies>

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Wednesday

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Or email your enquiry to

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Attention - Maternity Services Authority Query