

Midwifery Education Programmes Application Form

Full Name:

Address:

Phone:

Cellphone:

E-mail:

Midwifery Registration Number:

Expiry Date:

Please indicate the course you wish to attend.

- 1 COMPULSORY TECHNICAL SKILLS WORKSHOP** - (\$300.00 for two-day course or \$150 per day - if you believe you are eligible for a discounted amount, please phone Margaret McGowan, Obstetric Manager on 0-3-355 9102 for information

Day One Day Two

Date[s] of Session[s] you wish to attend:

[View course times](#)

- 2 COMPULSORY BREASTFEEDING WORKSHOP** - (\$50.00)

Date you wish to attend:

[View course times](#)

- 3 ADULT CPR (Level 4)** - 2 hour session (\$20.00 per session) – held twice monthly – phone 0-3-355 9102 for dates and times.

Date you wish to attend:

- 4 ELECTIVE BREASTFEEDING WORKSHOP** - (\$50.00)

Date you wish to attend:

[View course times](#)

Payment:

Cheque

Made payable to: St George's Hospital Inc.
and posted to Private Bag 4737, Christchurch 8140.

Credit Card

We will contact you for your credit card details.

WE REGRET THAT YOUR APPLICATION CANNOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED.

It is advisable to book early as numbers are limited.