

Tēnā Koe

Thank you for your request for authority to claim under the Primary Maternity Services Notice 2021.

Please complete this application form and return along with supporting documents to:

**Email:** [adminsupport@health.govt.nz](mailto:adminsupport@health.govt.nz) or

**Post:** Primary Care Team  
Sector Operations  
Health New Zealand - Te Whatu Ora  
Private Bag 1942  
Dunedin 9054

Please ensure all details are provided to avoid delays when processing your application. You will be notified when your application has been processed.

The following documents are to be included with all applications:

- A copy of your current practising certificate,
- Bank account verification, if a new payee number is required, and
- Evidence of a current core children's worker safety check ('Safety Check')\* issued in accordance with the Children's Legislation\*\* (more information can be found at the end of this form)

For further information, please contact us at:

**Phone:** 0800 855 066 or

**Email:** [adminsupport@health.govt.nz](mailto:adminsupport@health.govt.nz)

Ngā mihi,

**nā**

**Contract Support  
Sector Operations**



**Health New Zealand**  
Te Whatu Ora

\* Radiologists and RNZCGP Accredited practices do not need to supply evidence of safety checks

\*\* The Children's Legislation is comprised of the Children's Act 2014, and the Children's Regulations 2015

**Application Type**

- ☐ Individual ☐ RNZCGP accredited\* practice ☐ Non-accredited practice\*\*

**Services to be Offered**

- ☐ **Lead maternity care services** (You will need to supply a copy of your diploma if you have a Diploma in Obstetrics)
- ☐ **Primary maternity single services (PMSS)** (Formerly non-Lead Maternity Care (non-LMC) services)
- ☐ **Radiologist services** (You will need to supply the name(s) and a copy of medical council practicing certificate(s) of the interpreting practitioner(s))

**Provider Details**

**Legal entity name/Provider name** (The name of the company or individual who will claim under the payee number)

**New Zealand business number**

**Trading as** (If different from above)

**Professional body** (For individuals)

☐ Midwifery Council  
of New Zealand

☐ Medical Council  
of New Zealand

**Professional body number**

**Contact Details**

**Business address**  
(Physical address)

**Postal address**  
(If different from above)

**Primary phone number**

**Alternate phone number**

**Email address**

**Practice contact**

**Name**

**Email** (If different from above)

\* More information about RNZCGP accreditation can be found [here](#).

\*\* Radiology practices should tick this box as they are not accredited

### Practitioner Details (GP and Radiology practices only)

Please provide details of all practitioners associated with this authorisation to claim.

Full name

Registration number


(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.

### Claiming Organisation – Midwives only

Please include details below of the claiming organisation you are using (eg, MMPO, Expect):

Name

### Payee Details

☐ New payee number required

or

☐ Existing payee number

**Bank account details.** Please provide one of the following to confirm and verify your bank account:

- ☐ **Screenshot of your internet/phone banking** please remove any personal financial information
- ☐ **Bank statement** please remove any personal financial information
- ☐ **Bank letter** from the bank which must be signed and on letterhead
- ☐ **A pre-printed bank deposit slip**
- ☐ **Handwritten bank account** which must be signed and stamped by the bank

**All verification must be generated by the bank and include the bank logo, full bank account number and the bank account holder's name.**

### GST Details

Are you GST registered?

☐ No

☐ Yes

GST number

GST registered name

## 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 the self-  
employment status of each person)*

## Checklist

- ☐ I have enclosed a copy of my current Annual Practising Certificate
- ☐ I have enclosed evidence of my core children's worker safety check
- ☐ I have enclosed verification of my bank account details *(If applying for a payee number)*

## Certification

**I understand that:**

- Health New Zealand will use the information in this application form in a manner consistent with the Privacy Act 2020 (where applicable) to process this application for an authorisation to claim under the Primary Maternity Services Notice 2021
- the information in this application form will be held securely by Health New Zealand 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 2021
- I / We agree to comply with the terms and conditions of the Primary Maternity Services Notice 2021
- I / We will comply with any reasonable conditions that Health New Zealand 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 Children's Legislation.

**Print name**

**Signature**

**Date signed**

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

**Name**

**On behalf of**

This information is about the requirements of core children's worker safety checks ('Safety Checks') and child protection policies under the Children's Act 2014 and the Children's (Requirements for Safety Checks of Children's Worker) Regulations 2015 ('the Children's Legislation') for providers who apply for an authority to claim under the Primary Maternity Services Notice 2021 ('the Notice').

The Children's Legislation introduced measures to ensure children can be better protected from abuse and neglect both in their homes and in the community. Core 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.

All new applications for an authority to claim under the Notice must include:

- evidence of a completed **core children's worker safety check**, or a completed **employer verification form**, and
- confirmation a Child Protection Policy has been adopted.

You will need a **full** Safety Check if you are a maternity services provider who has not had a Safety Check in the past 3 years. If you have had a Safety Check in the past three years, you will need provide evidence of that check through either an Employer Verification form, or a Safety Check from CV Check.

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 Children's Legislation. Further information and guidelines on developing high quality Child Protection Policies can be found on the Oranga Tamariki website [here](#).

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

## How to obtain a Safety Check

Health New Zealand 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 last page of this application.

The cost of a Safety Check for a new core children's worker can be found on their website [here](#). 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 [here](#).

**Safety Checks are portable.** A Safety Check completed by an employer at another organisation or practice can also be used to claim under the Notice, as long as the safety check was completed within the preceding three years. If you have had a Safety Check done within the past 3 years by your current or previous employer, you can supply an Employer Verification Form, completed by that employer. A copy of the form can be found through the link on the last page of this application.

## More Information

For more information on the Primary Maternity Services Notice, safety checking and child protection policies please see the links below:

Health New Zealand - [Primary Maternity Services](#)

Health New Zealand - [Children's Action Plan: Children's worker safety checking and child protection policies](#)

Health New Zealand - [How to obtain a Safety Check or an Employer Verification Form](#)

Oranga Tamariki - [Child Protection Policies](#)

Oranga Tamariki - [Safety Checking](#)

New Zealand College of Midwives - [Safety Checking](#)

### Enquiries:

**Phone:** 0800 855 066 *or*

**Email:** [adminsupport@health.govt.nz](mailto:adminsupport@health.govt.nz)

**Subject:** Maternity Services Authority Query