

FORM V. *Certificate of having Attended a Course of Instruction.*

(See Section C 1 (3) above.)

I certify that (to whom this certificate refers) has attended, to my satisfaction, a course of instruction given by myself on the subjects enumerated in the Regulations.

Dated this _____ day of _____ 19
 Name _____
 Address _____
 Professional qualifications _____
 Position and authority for signing _____
 Signature of applicant _____

FORM VI.—*Application to be certified under Section 2 of the Midwives Act, on the ground of holding a Certificate in Midwifery from one of the Bodies specified in the Act, or a Certificate approved by the Board.*

(See Section D 1, 2 and 3 above.)

I hereby claim to be certified under Section 2 of the Midwives Act, on the ground that I hold a Certificate in Midwifery from the _____ which Certificate I enclose herewith together with the fee of ten shillings.

Dated this _____ day of _____ 19
 Name in full _____
 Single, married, or widow _____
 Full postal address _____

FORM VII.—*Testimony on behalf of a non-specified Certifying Body to the effect that its Certificate was granted after a proper course of instruction and training, and that the applicant is at the present time a fit and proper person to be admitted to the Midwives Roll.*

(See Section D 3 above.)

I hereby testify that before a Certificate was granted to _____ by the institution or examining body of which I am at present the accredited or recognized representative _____ had received a proper course of instruction and training (including personal attendance under competent supervision upon at least twenty cases during and after labour), and had passed an Examination in Midwifery and the duties of a Midwife.

I further testify that she is at the present time a fit and proper person to be admitted to the Midwives Roll.

Dated this _____ day of _____ 19
 Name _____
 *Chairman of the Board or Committee, or
 Senior Medical Officer of the
 Signature of applicant _____

* Strike out such words as do not apply to the person signing.

FORM VIII.—*Application to be certified under Section 2 of the Midwives Act, on the ground of having been in bonâ fide practice as a Midwife for at least one year prior to the 31st July, 1902.*

(See Section D 1 and 4 above.)

I hereby claim to be certified under Section 2 of the Midwives Act, on the ground that I have been in bonâ fide practice as a Midwife since _____
 I enclose the necessary certificates and the fee of ten shillings.

Dated this _____ day of _____ 19
 Name in full _____
 Single, married, or widow _____
 Full postal address _____