Western Australia

Health Act 1911

Health (Notifications by Midwives) Regulations 1994

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Reprinted under the *Reprints Act 1984* as at 11 June 2004** |

Western Australia

Health (Notifications by Midwives) Regulations 1994

CONTENTS

‑‑1. Citation 1

3. Notification of private practice as midwife 1

4. Notification of case or delivery attended 1

Schedule 3

Notes

Compilation table 6

|  |  |  |
| --- | --- | --- |
|  | Crest |  |
| **Reprinted under the *Reprints Act 1984* as at 11 June 2004** |

Western Australia

Health Act 1911

Health (Notifications by Midwives) Regulations 1994

##### 1. Citation

These regulations may be cited as the *Health (Notifications by Midwives) Regulations 1994*1.

[**2.** Omitted under the Reprints Act 1984 s. 7(4)(f).]

##### 3. Notification of private practice as midwife

A midwife is not to enter into private practice as a midwife unless he or she has notified the Executive Director, Public Health of his or her intention to do so in the form of Form 1 in the Schedule.

##### 4. Notification of case or delivery attended

For the purposes of —

(a) section 335(1) of the Act, the report required to be furnished of a case attended by a midwife, whether of living, premature or full‑time birth, or still birth, or abortion; and

(b) section 335(5)(b) of the Act, the notice required to be furnished of a delivery attended by a midwife,

is to be in the form of Form 2 in the Schedule.

Schedule

**FORM 1**

[reg. 3]

*HEALTH ACT 1911*

*HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994*

**NOTIFICATION OF INTENTION TO ENTER INTO PRIVATE PRACTICE AS A MIDWIFE**

EXECUTIVE DIRECTOR

PUBLIC HEALTH

I intend to enter into private practice as a midwife on ..........................................

20 .......................

**PERSONAL PARTICULARS**

Full Name: .............................................................................................................

Date of Birth: .........................................................................................................

\*Private/\*Business Address: ..................................................................................

\*Private/\*Business Telephone No.: .......................................................................

Nurses Board Registration Nos. General: ........ Midwifery: .............................

Date of Initial Registrations General: ........ Midwifery: .............................

...............................................

Signature

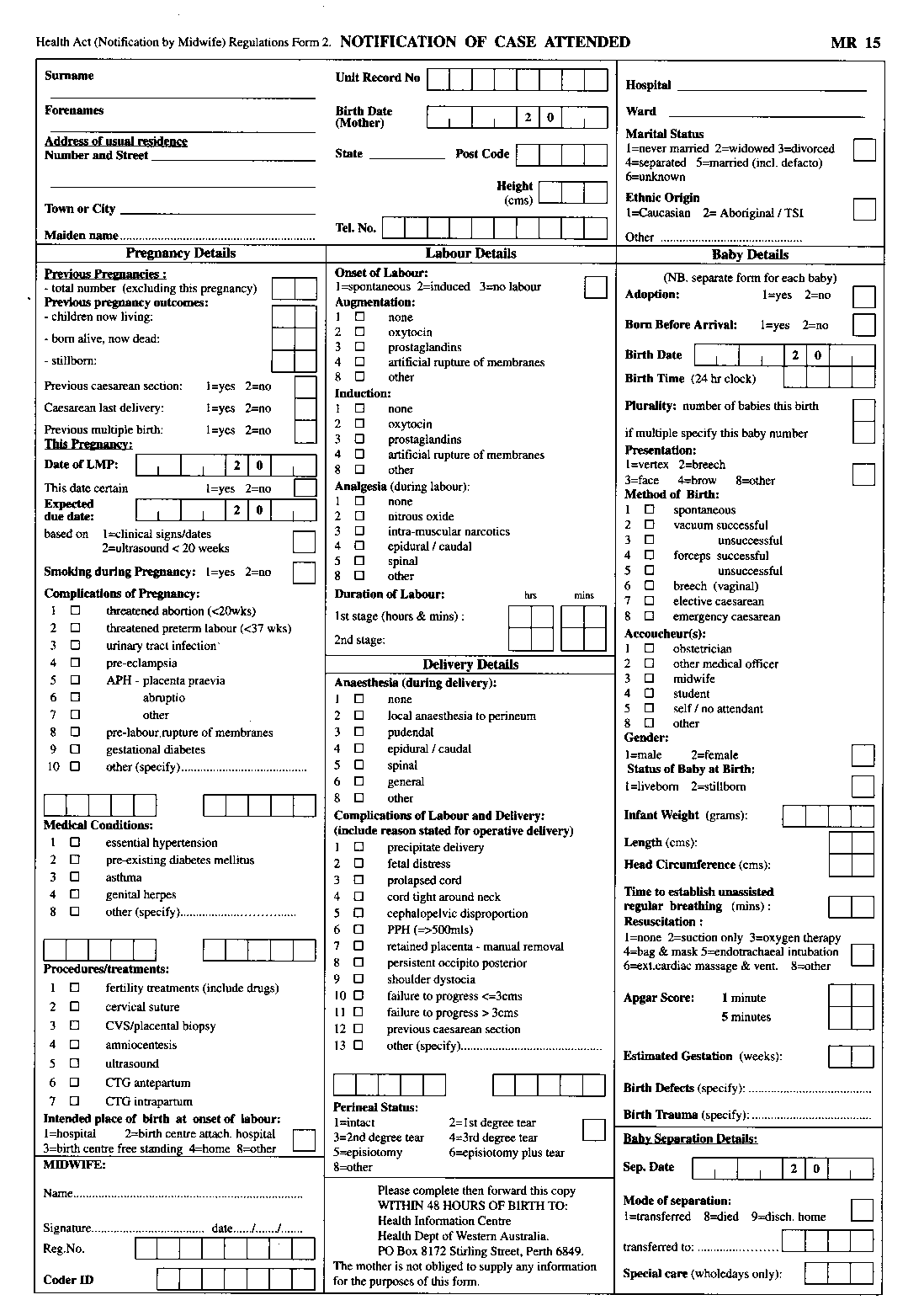
...............................................

Date

\*Delete if not applicable

**FORM 2**

[reg. 4]



Notes

1 This is a reprint as at 11 Jun 2004 of the *Health (Notifications by Midwives) Regulations 1994*. The following table contains information about those regulations and any reprint.

Compilation table

| **Citation** | **Gazettal** | **Commencement** |
| --- | --- | --- |
| *Health (Notifications by Midwives) Regulations 1994* | 28 Jan 1994 p. 283‑5 | 28 Jan 1994 |
| **Reprint 1: The *Health (Notifications by Midwives) Regulations 1994* as at 11 Jun 2004** | | |