

TRANSCRIPTS FROM MIDWIFERY SCHOOLS

INSTRUCTIONS

1. This form must be filled and signed by the Midwifery Tutor of the school of midwifery where the applicant pursued his/her professional course
2. When completed, it must be sent directly to the nurses and midwives council of Malawi.

This is to certify that:

Surname.....
 First name.....
 Middle name.....
 Maiden name (if any).....
 Was admitted at.....
 School of nursing.....
 City..... Province/Country.....

PERIOD OF TRAINING

Date training commenced.....
 Date training completed.....
 Language of instruction.....

Record of leave

- Holiday:.....
- Sick leave:.....

Record of theoretical instruction and grades obtained

<u>Subject</u>	<u>Hours</u>	<u>Grades obtained</u>
- Anatomy and Physiology of Obstetrics
- Normal pregnancy
- High risk/abnormal pregnancy
- Normal labour
- High risk/abnormal puerperium
- Neonatology
- Healthy education
- Family planning
- Any other (include specialties)
Please specify)		

Record of Clinical practice and grades obtained

<u>Department/units</u>	<u>No. of weeks</u>	<u>Grades obtained</u>
- Antenatal Clinic
- Antenatal inpatient wards
- Labour ward/delivery suite
- Postnatal wards		
-Low risk
- High risk
- Neonatal Nursery
- Isolation
- Postnatal clinic
- Family planning
- Night duty(inclusive		
Of the above)
- Obstetric theater wok
- Obstetric theater wok

Record of practical assessment and case studies done:

1. Number of antenatal history takings recorded by student.....
2. Number of antenatal examinations (first booking) performed by the student.....
3. Number of antenatal examinations (subsequent) performed by the student.....
4. Number of vaginal examinations in labour performed by the student.....
5. Number of deliveries conducted by the student midwife.....
6. Number of neonatal examinations conducted by the student.....
7. Any other (please specify).....

Facilities used during clinical placement by the applicant:

<u>Ward</u>	<u>No. of Beds</u>
Antenatal inpatient
Labour ward/ delivery suite
Postnatal wards-Low Risk/High Risk
Neonatal nursing
Obstetric Theatre

Average number of qualified midwifery tutor

Instructors during the training
 Average normal confinements per year
 Average high risk/abnormal confinements per year

Signature of head of the institution:.....

.....
 DAY Month Year

Stamp or seal affidavit

Return this from to:
 The registrar
 Nurses and Midwives Council
 P.O.Box 30361
Lilongwe 3, MALAWI.