

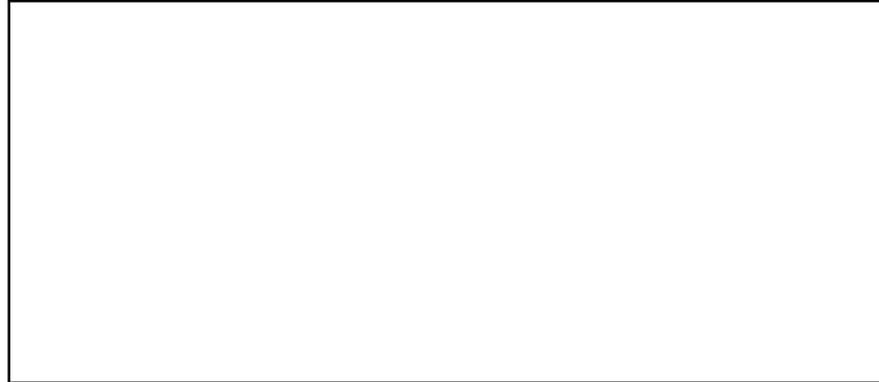
SIGNATURE OF STUDENT:.....DATE:.....

I certify that this form is being submitted subject to the following conditions:

- A. The candidate has completed the required theoretical instructions and clinical experiences.
- B. The candidate has passed the theoretical examination conducted by the school.
- C. The candidate has attained satisfactory performance in clinical nursing.

SIGNATURE OF PERSON IN-CHARGE OF PROGRAMME:.....DATE.....

OFFICIAL STAMP



Return the form to:

The Registrar
Nurses and Midwives Council of Malawi
P.O. Box 30361
LILONGWE 3



APPLICATION FOR REGISTRATION

I hereby make application for my Name to be entered on the register of Midwives maintained by the Nurses and Midwives Council of Malawi

<p>FOR OFFICIAL USE</p> <p>FEE PAID MK.....</p> <p>RECIPT NUMBER.....</p>
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Indicate with a the register which this application is made

Malawi Registered Midwife (RNM)

STATE CLEARLY

TYPE OF TRAINING	NAME OF EDUCATIONAL INSTITUTION AND ADDRESS	DATE TRAINING		CERTIFICATE NUMBER (if applicable)
		COMMENCED	COMPLETED	

Enclosed initial Registration fee MK.....Receipt No.....

Student Index Number.....National ID Number.....

Surname.....First Name.....

Other Names.....Maiden Name (if Married).....

Date of Birth...../...../..... Permanent Home address: Village.....

T/A.....District.....

Nationality.....National ID number.....

Signature of applicant.....Date...../...../.....

Name of Head of
Institution/Designate.....Signature.....Date...../...../.....





SUMMARY OF THE REGISTERED MIDWIFE (UCM) CLINICAL EXPERIENCE

INSTRUCTIONS:

This form must be completed and signed by the Principal or his/her designate of the training institution where the candidate pursued the course.

Name of Institution.....Address.....

I certify that

Was indexed by the Nurses and Midwives Council on.....
 SURNAME FIRST NAME

Date Course Commenced...../...../.....Date course completed...../...../.....

SUMMARY OF CLINICAL EXPERIENCE ACQUIRED BY THE CANDIDATE

CLINICAL SITE	PRESCRIBED HOURS	TOTAL HOURS COMPLETED
Midwifery Science I		
Ante-natal Clinic	120	
Labour ward	240	
Post-natal Clinic	40	
Post-natal Ward	80	
Midwifery Science II		
Antenatal Clinic	0	
Ante-natal Ward	80	
Labour ward	240	
Post-natal Ward	80	
Neonatal Science		
Nursery Ward	120	
Kangaroo Mother Care	80	
Community Midwifery		

Primary maternity Care (Health Centre)	40	
Home Visit	80	
TOTAL HOURS	1200	

N.B. Please indicate clearly where clinical experiences were combined.

RESULTS OF CLINICAL ASSESSMENTS

	ASSESSMENT TITLE	NUMBER OF ENTRIES	RESULT	COMMENT
1	Care of the Antenatal woman at initial visit			
2	Care of a woman in Labour			
3	Care of a Postnatal Mother within 48 hours			
4	Care of a Neonate within the first 48 hours			
5	Home visiting			

OTHER MIDWIFERY REQUIREMENTS

	Procedure	No. Required	No. of cases Done
1	Complete Assessment of pregnant women at first antenatal visit	20	
2	Complete assessment of pregnant women on a subsequent visit	50	
3	Vaginal examinations including pelvic assessment	20	
4	Conduct spontaneous deliveries under minimum supervision	40	
5	Conduct deliveries by vacuum extraction	2	
6	Perform and repair episiotomies using local anaesthesia	5	

	Procedure	No. Required	No. of cases Done
7	Repairing perineal tears/ lacerations using local anaesthesia	3	
8	Conducting Breech delivery	1	
9	Conducting multiple delivery	1	
10	Manage forty (40) postnatal mothers during the hospital stay	40	
11	Manage forty (40) infants during the hospital stay	40	
12	Conducting postnatal assessments of mothers and infants at one week	6	
13	Conducting postnatal assessments of mothers and infants at 6 th week	6	
14	Conduct bimanual compression	1	

Signature of Principal/ Designate:.....Date:...../...../.....

