

Part A: Participant Details

Participant's Name: _____
(Full Legal Name)

Address: _____ Post Code: _____

Phone: (Home) _____ (Mob) _____ Date of Birth: / / ____

Email Address: _____

Emergency Contact: _____ Tel No. _____ Relationship: _____

Employer: _____ Contact: _____

Cultural Background

Do you identify as an Aboriginal or Torres Strait Islander?

Yes, Aboriginal Yes, Torres Strait Islander I would prefer not to say No

Were you born in Australia? Yes No

If no what was your Country of Birth: _____

Do you speak a language OTHER THAN English at home? Yes No

If YES, which language/s do you usually speak? _____

Education

Have you completed one or more of the following? If yes, please write the University and Year that you completed.

Degree	University	Year
Bachelor of Midwifery		
Bachelor of Science (Midwifery)		
Graduate Certificate of Midwifery		
Masters of Midwifery		
Bachelor of Nursing		
Bachelor of Midwifery (Honours)		
Graduate Diploma of Midwifery		

If the above pathway does not apply to you, please advise provide us with a brief description on your education history and how you became a midwife.

Midwifery Status

Of the following categories, which BEST describes your current midwifery status?

Practicing Midwife

Non-Practicing Midwife

Other _____

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)

To renew my registration

To get a better job or promotion

To renew my currency of practice

For personal reasons

To get a job

For CPD or self development

To assist with transferring practice

To gain greater confidence

To gain extra skills for my current job

Other reasons

If you have selected '*To renew my currency of practice*', please state the number of years you have taken off from your midwifery career and the reason for leave (optional).

Duration: _____

Reason: _____

If you have selected '*To renew my registration*', please note that this program is a refresher only. If you have been unregistered for more than five years, AHPRA may require you to complete a Re-Entry Program. For further details, please visit <https://www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx>.

Part B: Enrolment Details

Course Overview

This program has been designed by the Australian College of Midwives (ACM) for Midwives holding general registration with the Nursing and Midwifery Board of Australia (NMBA). The program refreshes midwives' existing knowledge and skills by drawing on current evidence, research and practice. This is a theory-based package.

Enrolment Duration

365 days

Price

\$999.00 for ACM members | \$1,998.00 for non-ACM members

If you would like to become an ACM member and receive 50% off the standard non-member price, please complete the membership process via <https://www.midwives.org.au/join-acm>. To have your membership processed manually by ACM staff, please contact (08) 7129 4431.

Processing Time

From date of payment, please allow 2-3 business days for your application to be processed.

Core e-Learning Courses

The Refresher Program for Midwives features five (5) core e-learning courses. ACM does not restrict the order in which each course is completed. However, for optimal learning outcomes, we recommend the following:

1. Antenatal Refresher Course (12 CPD hours)
2. Labour & Birth Refresher Course (8 CPD hours)
3. Neonatal Resuscitation (3 CPD hours)
4. Postnatal Refresher Course (6 CPD hours)
5. Supporting Women to Breastfeed (8 CPD hours)

Elective Courses

The Refresher Program for Midwives provides participants with access to up to 16 elective CPD hours, in the form of ACM e-learning courses. The following lists provide examples of how you may select your elective CPD hours:

Example 1: Midwifery Initiated Oral Health (16 CPD hours)

*Example 2: Continence Promotion (8 CPD hours)
Professional Peer Review (5 CPD hours)
Epidural and Spinal Analgesia (3 CPD hours)*

ACM E-learning Enrolment Agreement



Refresher Program for Midwives

Elective options and the corresponding CPD hours have been stated below. You are allocated up to 16 CPD hours. Please review this list and tick which electives you would like to include in your enrolment.

Midwifery Initiated Oral Health (16 CPD hours)

Continence Promotion (8 CPD hours)

Dehydration: Concerns and Considerations for Midwives (8 CPD hours)

Professional Peer Review (5 CPD hours)

Epidural and Spinal Analgesia (3 CPD hours)

Clinical Placement

If you have been accepted into a clinical placement position post completion of this program, please confirm the following:

Location (i.e. name of hospital): _____ State: _____

Commencement Date: _____ Duration: _____

Areas of Practice (i.e Antenatal): _____

Contact: _____ Phone Number: _____

Email Address: _____

Part C: Payment Details

Please select one of the following pricing options.

ACM Member*: \$999.00

Non-Member: \$1,998.00

Please complete the following, if the payer's details differ to Part A.

Name: _____

Address: _____ Post Code: _____

Phone: (Home) _____ (Mob) _____

Email Address: _____

Payment Preference:

- Pay on Invoice**
- VISA (please complete card details below)
- MasterCard (please complete card details below)
- Electronic funds transfer***:

Account Name: Aust College of Midwives

BSB: 062-901

Account number: 10134702

Credit Card Details

Cardholders Name: _____

Credit Card Number: _____

Expiry Date: _____ CSV: _____

Cardholders Signature: _____

Note: Applications will not be processed without payment of the above application fee.

*The ACM Member price is only available to current financial members. ACM will only apply the membership discount if you meet this requirement. If you are not recorded as a current financial member on the day of your enrolment, ACM reserves the right to charge the non-member price to the payment/account details provided below by the applicant.

**Please submit a purchase order to education@midwives.org.au.

***Please include the applicant's full name and the invoice number in your reference/description fields. If an invoice number has not yet been provided, please use the applicant's full name and REFRESHER (i.e. Jane Smith REFRESHER). A remittance notice/summary must be submitted to education@midwives.org.au for proof of payment.

Part D: Training Agreement

I _____(insert full legal name) agree to undertake training with the Australian College of Midwives Ltd, in the following e-learning course: **Refresher Program for Midwives**.

During this training course I understand that:

1. I will actively attempt all learning activities with serious effort.
2. I will complete the course within the 365 day time frame, unless otherwise agreed to.
3. Training will not be offered to participants who fail to pay for the course.
4. Australian College of Midwives Ltd guarantees to provide course access to customers whom have met their obligations with regard to completion of enrolment details, and financial payments. In the event that Australian College of Midwives Ltd cannot deliver a course, a full refund of all monies paid to Australian College of Midwives Ltd will be made.
5. That Australian College of Midwives Ltd can choose to terminate my training if I fail to uphold these standards.
6. Requests to upgrade from an individual ACM course to the Refresher Program for Midwives must be submitted in writing to education@midwives.org.au and within 30 days from the payment date for the individual ACM course. The participant will be invoiced for the price difference between the individual course and the Refresher Program for Midwives.
7. I have read and accepted the terms and conditions of the fees and refund policy as described on [ACM's website](#).
8. I give permission for Australian College of Midwives Ltd to discuss my progress and results with the organisation (i.e. hospital or agency) that I intend to complete my clinical placement through (if applicable), and AHPRA if deemed necessary by Australian College of Midwives Ltd.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct and that where appropriate, I grant permission.

Signed Date