

Internationally Qualified Midwife (IQM)

Continuity of Care Experience Consent Form

I am willing to have the IQM _____ (*name*) interacting with me and my family as part of their Continuity of Care Experience (COCE) as required by the Nursing and Midwifery Board of Australia (National Board). I understand that the IQM will only provide care and advice when under the supervision of my primary caregiver, who is registered as a midwife with the National Board.

I have been informed that the IQM has undertaken to maintain both the privacy and confidentiality of my family at all times and to refrain from identifying the same in any discussion or written format whether as part of the COCE or otherwise.

I understand that the IQM is required to document each visit as evidence of interaction, but there will be no identifying features in this documentation. I understand that the IQM may be asked to leave at any time at my discretion by me and/or my family and I am aware that I can discuss any questions or concerns with the IQM's Supervisor listed below, who is registered as a midwife with the National Board.

I have read (or, where appropriate, have had read to me) and understood the information provided in the Letter to Participants. I agree to participate in this program, realising that I can withdraw at any time.

Name	
Address	
Phone	
Due Date	
Place of Birth	

Signed

Mother: _____

Internationally Qualified Midwife: _____

Registration Number: NMW _____

IQM Supervisor: _____

Registration Number: NMW _____

IQMs please submit this Consent Form to your IQM Supervisor within 5 days of signing-up a COCE