

RETURN TO MIDWIFERY PRACTICE

Please complete this form in **black ink** and **BLOCK CAPITALS**

1 APPLICANT DETAILS

Full name:

Date of birth (dd/mm/yyyy):/...../.....

Professional/Statutory Body and Registration/PIN Number: Expiry date:

2 CURRENT EMPLOYMENT DETAILS

Present post:

Work/Base address:

.....

.....

Organisation/NHS Trust:

Contact telephone:

Please tick to indicate the length of time you have been out of practice:

Break in practice (years)	Minimum hours practice required in clinical placement	Please tick
5 to 7	150 to 200	
8 to 10	300	
10 to 12	450	
12 or more	600	

Please tick to indicate your preferred choice of practice placement from the following:

- University Hospital North Tees
- James Cook University Hospital
- Friarage Hospital
- Darlington Memorial Hospital
- University Hospital North Durham