

APPLICATION FOR MEMBERSHIP OF THE INTERNATIONAL CONFEDERATION OF MIDWIVES (ICM)

Download and save the form before filling it in.

CONTACT INFORMATION ABOUT THE ORGANISATION

1. Name of the organisation:
2. Date it was established
3. Address:
4. Postal Code:
5. City:
6. Country:
6. Email 1 of the Organisation:
7. Email 2 of the Organisation:
8. Phone 1:
9. Phone 2:
10. Organisation's Website (where applicable):
11. Facebook of Organisation (where applicable):

GENERAL INFORMATION ABOUT THE ORGANISATION

12. Number of total members (all cadres) in the organisation*:
 - *Please provide accurate numbers! For regional midwives' associations, please provide the number of associations in membership. For regulatory body, please provide the number of registered midwives **(Only applicable for Application for Affiliate Memberships)*
13. Number of members who are midwives, in the organisation*:
*(for Affiliate Memberships - go directly to question 22)
14. Number of active midwife members in the Association – by 'active' we mean, the individual midwife member who pay a full membership fee to their Association:
15. Type of professional midwives' association:
 - Your association is a Midwives Association? Yes/No

- Your association is a Nurses (or other health professionals) and Midwives Association (multi professional) Yes/No

If your Association is multi professional:

16. Is there a separate midwives' section? Yes/No
17. Please provide the name of the midwives' section:
18. Does the midwives' section have its own chair? Yes/No
19. Is the chair of the midwives' section a midwife? Yes/No
20. Is the chair elected by the members of the midwives' section Yes/No
21. Are meetings for the conduct of midwifery held separately from those of other professions: Yes/No

REPRESENTATIVES OF THE ORGANISATION OR THE MIDWIFERY SECTION

Please make sure you type **names and email addresses correctly** otherwise we won't be able to contact you. If you don't have any of the below representatives in our organisation, please just leave that section blank.

22. President or Chairperson:

First Name: Last Name:

E-mail: Phone:

Skype:

Is a midwife? Yes/No

Agree to receive emails from ICM: Yes/No

Contact person for ICM? *(Please check the box if this person is the contact person for ICM)*

Please indicate which of the following languages the person speaks and understands:

Languages: English, Spanish, French, Other

23. President or Chairperson of the Midwifery Section

First Name: Last Name:

E-mail: Phone:

Skype: _____ Is a midwife? Yes/No

Agree to receive emails from ICM: Yes/No

Contact person for ICM? *(Please check the box if this person is the contact person for ICM)*

Please indicate which of the following languages this person speaks and understands:

Languages: English, Spanish, French, Other

24. Vice-President:

First Name: _____ Last Name: _____

E-mail: _____ Phone: _____

Skype: _____ Is a midwife? Yes/No

Agree to receive emails from ICM: Yes/No

Contact person for ICM? *(Please check the box if this person is the contact person for ICM)*

Please indicate which of the following languages this person speaks and understands:

Languages: English, Spanish, French, Other

25. Chief Executive/Executive Director

First Name: _____ Last Name: _____

E-mail: _____ Phone: _____

Skype: _____ Is a midwife? Yes/No

Agree to receive emails from ICM: Yes/No

Contact person for ICM? *(Please check the box if this person is the contact person for ICM)*

Please indicate which of the following languages this person speaks and understands:

Languages: English, Spanish, French, Other

26. Secretary/Administrator:

First Name: _____ Last Name: _____

E-mail:

Phone:

Skype:

Is a midwife? Yes/No

Agree to receive emails from ICM: Yes/No

Contact person for ICM? *(Please check the box if this person is the contact person for ICM)*

Please indicate which of the following languages this person speaks and understands:

Languages: English, Spanish, French, Other

27. Treasurer/Administrator:

First Name:

Last Name:

E-mail:

Phone:

Skype:

Is a midwife? Yes/No

Agree to receive emails from ICM: Yes/No

Contact person for ICM? *(Please check the box if this person is the contact person for ICM)*

Please indicate which of the following languages this person speaks and understands:

Languages: English, Spanish, French, Other

28. ICM Contact Person:

Please ONLY fill this section in if none of the above contacts are a contact person for ICM

First Name:

Last Name:

E-mail:

Phone:

Skype:

Is a midwife? Yes/No

Agree to receive emails from ICM: Yes/No

Please indicate which of the following languages this person speaks and understands:

Languages: English, Spanish, French, Other

GENERAL INFORMATION ABOUT THE COUNTRY*

**Not applicable for regional midwives associations (Affiliate Member), please go directly to question 48.*

Please contact the relevant MoH department or Regulatory Authority to confirm the numbers below:

REGULATION

29. How many midwives are there in the country? (total number of practising and non-practising midwives)
_____ (Please liaise with the Regulatory Authority in your country to confirm the total number of registered midwives)

30. Are midwives licensed or registered to practice? Yes / No

31. If yes, by which body?

- Midwifery, Nursing and Midwifery or other professionals Council
- National government
- State/provincial government
- Ministry of Health
- Midwifery Board
- Other:

32. Are there regulations for the practice of midwives in your country? Yes / No

33. If yes, what is the name of the Regulatory Authority?

34. What type of organisation is the Regulatory Authority?

- Government department
- Government-approved Board or Council
- other

35. In those countries where midwifery is regulated within a nursing and other health Professional Council, is there is a separate registration and legislation for midwives?

EDUCATION

36. Number of midwifery educational institutions in the country (defined as a school, college, university or other institution at which midwifery education is provided)

- Number of Private midwifery educational institutions:
- Number of Public midwifery educational institutions:

37. What is the name(s) of the qualification that allows practise as a midwife in the country?

38. Is there a Post-Nursing midwifery programme? (Post-nursing midwifery programme is one where students must first be registered as a nurse)? Yes/No

39. If Yes, how long is the post nursing programme? (in months)
40. Is there a direct entry midwifery programme in the country? (Direct Entry refers to midwifery programmes that can be accessed directly after high school, with no previous health professional qualification such as nursing) Yes/No
41. If yes, how long is the direct entry programme? (in months)
42. Is (are) the midwifery education programme(s) recognized by the government? Yes/no/Not all
43. If yes, by which body?
- National government
 - State/Provincial government
 - Ministry of Health
 - Ministry of Education
 - Midwifery, Nursing and Midwifery, other health professional Council
 - Other:

MIDWIVES' ASSOCIATIONS *

**(Only applicable for Application for Full Memberships)*

44. Apart from your association, are there other midwives' association or professional association in this country which accept midwife members? Yes/No
- If yes, responses to the below questions are compulsory*
45. If yes, please provide the name(s) of the other associations:
46. If yes, do you work collaboratively on national strategies to strengthen midwifery including speaking with one voice to politicians and government officials?
47. If yes, can you explain the rationale for existing next to the other midwives' association(s) and why more than one association is required?

FINANCE

48. How is your organisation funded?
- Membership Fee? Yes/No
- Please specify the funding period: Annual/Monthly
- Please specify the membership fee amount
- Please specify the currency

- Government subsidy? Yes/No
- Other funding: (Please indicate what the other funding is)

39. Would your organisation be able to pay annual membership fee to ICM if accepted by the Confederation? Yes/No

GDPR INFORMATION: Under the new European legislation, entitled, “General Data Protection Regulation (GDPR)” that came into effect on 25 May 2018, you have the right to access, correct and limit the processing of your data. If you have any questions, then please do not hesitate to contact us, via email: info@internationalmidwives.org with the subject line, “GDPR Query.”

1) I hereby authorize ICM to process (use, capture and store) the organisation’s data and the association representative’s personal data included in this Membership Application form: Yes/NO

2) I give consent to publish the President’s name on the website: Yes/No

3) I give consent to ICM to capture and publish one email address of the organisation and/or a representative: Yes/No

If you give consent, please provide the email address below:

Email:

4) I hereby confirm that the information above is true and correct:

Name:

Position in organisation:

Date:

Signature :

(sign by clicking on "Fill & Sign" in the right pane)