

**APPOINTMENT OF SUPERVISORS OF MIDWIVES**

(Please use Block Capitals and Black Ink throughout)

**LONDON LOCAL SUPERVISING AUTHORITY**

**CONSORTIUM REGIONAL CODE: 90**

To be completed for appointment

<b>Last Name:</b>		Ms/Mrs/Miss/Mr	<b>Date of Birth:</b>	
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<b>First Names:</b>	
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<b>e-Mail address:</b>
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<b>Name &amp; Address of Employer:</b>	
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<b>Tel No:</b>	
<b>Mobile Number:</b>	

<b>Current Post Title:</b>	
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<b>Date qualified as midwife:</b>	
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<b>Periodic Registration Date (On Pin Card):</b>	
<b>NMC PIN:</b>	

<b>Notification of Intention to Practise as a Midwife last given to Local Supervising Authority (ies) of:</b>		
	<b>Date:</b>	

<b>Date of Completion of Programme of Preparation for Supervisors of Midwives:</b>	
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<b>Place undertook SOM Preparation Course and date:</b>	
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**Signature of LSA Midwifery Officer:** .....

**Date:**

*When completed, please submit this form to the LSA Midwifery Officer, London LSA, NHS London, Southside, 105 Victoria Street, London, SW1E 6QT*