

# Nations Midwifery School

## Application Form



### General Application

Please complete all questions on the forms. You may write N/A, if a question is Not Applicable to you. Print clearly in ink and use a separate sheet of paper as needed.

<b>Check one:</b>	<b>Applying for:</b>
<input type="radio"/>	Associate or Volunteer
<input type="radio"/>	Individual Courses
<input type="radio"/>	Full Midwifery School
	Midwifery Residency
<b>Course :</b>	Your First Class
<b>Start Date:</b>	
<b>Location:</b>	

Please tell us how you heard about Nations Midwifery School and its programs?

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Please list any special needs, physical, learning difficulties or circumstances we should be aware of: \_\_\_\_\_

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### Personal Information

Full legal name: \_\_\_\_\_  
Last
First
Middle/Maiden

Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_

Current address (if different): \_\_\_\_\_  
 \_\_\_\_\_

Telephone/Mobile: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Email address: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Any other contact: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Female or Male Nationality: \_\_\_\_\_

ID/Passport Number: \_\_\_\_\_ Passport Nation: \_\_\_\_\_ Expires: \_\_\_\_\_

Emergency contact information: \_\_\_\_\_  
Name
&
Relationship

\_\_\_\_\_

Best method to contact, including telephone number

Nations Midwifery School  
 7362 Remcon Circle, El Paso, TX 79912 USA

## Family Information

Marital Status: \_\_\_\_\_ If married, Spouse's name: \_\_\_\_\_

Do you have dependant children? Yes / No If so, what ages will they be when you join the program? \_\_\_\_\_

If you do not live in El Paso, TX, do any family members need to accompany you in the program? Yes / No If so, who: \_\_\_\_\_

Please consider the following as you contemplate enrolment in the midwifery school. Nations Midwifery School is a two year academic school with several months studying coursework in El Paso, TX, each year. Students are expected to work as interns with preceptors between courses. There are course fees for each school year. Your school fees do not normally cover meals, transportation, accommodations, books, your equipment or preceptor fees for verifications outside of the school.

## Religious Faith

Do you practice any religious faith or spirituality? Yes / No Please indicate: \_\_\_\_\_

Are you a practicing Christian? Yes / No Please indicate any church affiliation: \_\_\_\_\_

Church home: \_\_\_\_\_ How long attended: \_\_\_\_\_

Address: \_\_\_\_\_ Leader/Pastor: \_\_\_\_\_

Are you currently ordained or licensed as a minister? Yes / No Please Specify: \_\_\_\_\_

Specify any areas of service or leadership you have in your church: \_\_\_\_\_

Have you had cross-cultural or missions experiences? Yes / No Please explain: \_\_\_\_\_

## Education, Employment and Skills

What languages do you speak and to what fluency? \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Post High School/ Secondary School programs attended: \_\_\_\_\_

Served in the Military? Yes / No Specify area and years: \_\_\_\_\_

Present Employer and Occupation: \_\_\_\_\_

Occupational Skills and years of Experience: \_\_\_\_\_

Other skills, hobbies, talents: \_\_\_\_\_

## Financial Information for Training Programs

Fees do not usually cover accommodations, food, preceptor fees outside of the onsite school, transportation, air fare to or from educational sites or field assignments, visas, work permits, books or equipment. Please ask about these expenses if they have not been made clear to you.

Students are expected to have fees completely covered before arrival or arrangements made for payment.

Do you have the total program fees for the current course/year? Yes / No

If not, please contact us for the cut-off date and any applicable resolution for the balance of your fees.

Call our Office 1.915.225.2257 ask for Ms Consuelo York

## Certifications and Agreement

I certify that all information provided in this application and all additional forms, are complete and accurate. I have received the school policies. If I am accepted by Nations Midwifery School I will abide by the policies, guidelines, rules and the schedule of the organization.

I understand that payment of any required fees and/or tuition for training must be paid before arrival. I am also fully aware of my financial obligations, committing myself to expeditiously paying all personal expenses incurred during my involvement with Nations Midwifery School and its associated programs.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## References

Please provide contact information for your references (minimum two):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone/Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Have you discussed this recommendation with them? \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone/Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Have you discussed this recommendation with them? \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone/Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Have you discussed this recommendation with them? \_\_\_\_\_

## Guidelines for Completing Application Process & Forms



- **Application and Program specific forms. Please answer every question.** If something does not apply to you just mark it N/A. Use additional sheets to record answers as needed.
- **Fees.** The Application and Registration fees are refundable within 72 hours after submission. Fees may be paid by cash, check, money order, credit or debit cards to NATIONS MIDWIFERY SCHOOL
- **Liability release & Covenant of Conduct.** Each applicant should sign these forms in order to fully join any the courses and take part in any possible travel to field assignment locations. If the applicant is under eighteen years of age, a parent or guardian must also sign the forms and may be required to accompany the young student into the field assignment location.
- **References. Who can recommend you?** Applicants are asked for at least two people who can vouch for them as a person of excellent character, stability, skill, faith and compassion. You will need to ask your references to forward their reference for you directly to Nations Midwifery School, 7362 Remcon Circle, El Paso, TX 79912. We may also contact them before your acceptance into the program.
- **Submission of Forms and additional information.** You may scan and email documents to begin the application process, but we may also need to receive the original document signature pages before the program begins.
  - **Checklist for submission**
    - General Application Form
    - References
    - Proof of Education, \*High School graduation
    - Passport or official government identification
    - \*Cardiopulmonary Resuscitation Certification
    - Application Fee submission \$150.00 USD
    - Liability Release ~ must be notarized
    - Policies – Please initial that you have read and agree to abide by NMS policies \_\_\_\_\_.
    - Student, Associate and Volunteer Covenant of Conduct
    - If asked, any Supplemental Questions/Information for specific areas of interest

\*required by TDLR (Texas Department of Licensing and Regulation)

CPR must be for healthcare providers from the American Heart Association, Red Cross, National Safety Council, or an equivalent certification issued by any provider of CPR certification for healthcare providers currently accepted by TDLR

Please forward your submission to:

Nations Midwifery School  
7362 Remcon Circle, El Paso, TX 79912 USA

Fax 1.915.845.3405

[NationsMidwifery@gmail.com](mailto:NationsMidwifery@gmail.com)

# Liability Release

(Sign in front of a Notary Public)

I/We hereby release Nations Midwifery and Nations Midwifery School, its agents, associates, employees, volunteer assistants, and any independent contractors from any liability whatsoever, arising out of any injury, damage, or loss, which may be sustained by said person during the course of involvement with Nations Midwifery/ School and/or any of its educational programs.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Spouse/Parent/Guardian printed name: \_\_\_\_\_

Relationship and Signature: \_\_\_\_\_  
(If applicant is married or under 18 yrs of age)

**Notary Public**

**Date:**

## Student, Associate and Volunteer Covenant of Conduct

Nations Midwifery and Nations Midwifery School are Christian faith-inspired services and educational institution. We endeavor to make your participation, learning experiences and midwifery service very meaningful. Our programs are designed to encourage you in your walk with the Lord Jesus Christ as you help others. It is our desire that your experience will be enjoyable and challenging. You will be required to take responsibility for your own life and conduct. With that in mind, please read the following statements and sign as indicated.

- A) **I will maintain the highest moral standards and personal godly example.** The Bible says that one should think on things that are excellent, and avoid the appearance of evil. Therefore you are responsible for refraining from use of obscene or vulgar language and behavior, abstaining from pornography, abuse of alcohol or drugs, use and/or possession of any type of illegal drugs, as well as use of tobacco.
- B) **I will exercise caution and restraint regarding anything that would distract me from my goals in service with Nations Midwifery/School and its public service.** I will intentionally avoid music and media that mocks God, uses profane language or promotes or describes immorality. Media influences often distract us from developing meaningful relationships, thinking clearly, and reflecting on how to develop a deeper spiritual walk.
- C) **I will respect requests to meet the terms of the dress code standards.** Neat and modest clothing must be worn at all times, especially as you attend your field assignment locations. Therefore you should strive to respect others and yourself by wearing appropriate clothing while participating with Nations Midwifery/School. Including, but are not limited to: longer shorts and skirts, jeans that are not tight or have holes in them, blouses covering the midriff and shoulders and wearing appropriate underclothing. Regarding tattoos and piercings, one may need to cover them and/or remove jewelry according to your leaders' requests, especially during client care. Clinical assignments will usually have specific clothing/uniform requirements which will be communicated to you as promptly as possible for your preparation.
- D) **I will endeavor to be self-disciplined and accept personal responsibility for my learning and life example.** I will be prompt in attendance in classes and all associated activities. I will respect the property, privacy, and rights of others. I will demonstrate respect toward my fellow classmates, clients, clinical participants, associates, guests, and those in the community. I will also seek to have a positive influence on those around me.
- E) **I will abide by the guidelines set forth by Nations Midwifery/School and its program leaders. This will include signing a Confidentiality Agreement and purposely keeping all client information and data secure and confidential.**

My signature indicates my desire to abide by the aforementioned points, to grow spiritually, to learn, to benefit others, and to make the most of my experiences with Nations Midwifery/School and any programs of study I am involved in.

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Supplemental Questions for Student Midwives & Assistants

Please outline why you would like to become a midwife? Why do you think you would be a good midwife? What type of practice would you like to have?

Please outline any experiences you have had with pregnancy, labour, birth, newborn babies and after birth care of mothers. **See charts below.**

What did you enjoy and what did you dislike in these experiences?

What is your level of knowledge of basic midwifery and healthcare?

Do you have any certifications or educational credit? Please specify.

Are you enrolled in a midwifery program? Are you following specific guidelines to credential you as a legal practicing midwife? If so, please provide appropriate documentation from your program.

What are your expectations from taking this program? If specific forms and validations are expected, you must communicate that in advance and may need to submit forms before admission.

Are you a YWAM missionary? Where and what year did you do your DTS? Have you taken any additional YWAM programs... BAS, IPHC?

Do you have certification as a Childbirth Educator or Doula? Organization and Date?

### Birth Experience

Attended births as an Observer, Assistant Under Supervision, or Primary under Supervision from \_\_\_\_\_ (month) \_\_\_\_\_ (year) to \_\_\_\_\_ (month) \_\_\_\_\_ (year).

Births	Home	Free-standing Birth Center	Hospital Birth Center	Hospital	Totals
As Observer					
Assisting					
Primary under Supervision					
Primary/Co-Primary					
Totals					

### Birth-Related Experience

Activity	Home	Free-standing Birth Center	Health Clinic or other Location	Hospital	Totals
Prenatal exams					
Initial exams					
Postpartum exams					
Newborn exams					
Continuity of Care Clients					