



Midwife Professional Indemnity Run-Off Cover Scheme Medical certificate for permanent disability (M0060)

When to use this form

This form must be completed by a medical practitioner (other than the midwife being assessed for eligibility) who can certify that a midwife has ceased practice because of permanent disability.

This is to support eligibility under the Midwife Professional Indemnity Run-Off Cover Indemnity Scheme (MPIROCS).

Permanent disability

Permanent disability is defined in section 31(4) of the *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010* (Cth).

For more information

For more information about Midwife Professional Indemnity or assistance completing this form, contact your Medical Indemnity Insurer (MII).

Returning this form

Check that all required questions are answered and the declaration has been signed and dated.

Send the completed form to your MII. The MII will submit this form to Services Australia, where required.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Midwife's details

This is the midwife being assessed for eligibility under the MPIROCS.

1 Provider number

2 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

3 Date of birth (DD MM YYYY)

4 Address

Postcode


Examining medical practitioner's details

5 Provider number

6 Qualifications

7 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

8 Practice address

 Postcode

9 Daytime phone number (including area code)

Email

Certification

Permanent disability

10 I certify that the midwife:

has incurred an injury, or suffers from an illness, that is permanent, or is likely to be permanent;

and

can no longer practice the profession of midwifery.

11 Brief description of injury or illness

12 Date on which the injury or illness became permanent (or likely to be permanent) (DD MM YYYY)

13 Date of examination (DD MM YYYY)

Privacy notice

14 The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

15 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Examining medical practitioner's signature

Date (DD MM YYYY)