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**VBS15M**

**Voluntary Bonding Scheme 2015 Intake**

**Midwives - Application for Payment**

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## About this Application Form

Administration of the Voluntary Bonding Scheme (the Scheme) was transferred from the Ministry of Health (the Ministry) to Te Whatu Ora / Health New Zealand (HNZ), effective 1 July 2022.

This application form applies to Midwives who:

* have been confirmed by the Ministry of Health on the Voluntary Bonding Scheme
* have completed their studies towards their undergraduate degree in 2014 and have completed their first 36 months (Years 1-3) and/or, 2nd and 3rd 12 months on the Scheme (Year 4 and Year 5 respectively) whilst meeting the Terms and Conditions of the Scheme.

If you meet the above criteria, you are eligible to complete this form and apply for payment from the Voluntary Bonding Scheme.

Submitting this form is not an automatic guarantee of payment. Your eligibility to receive payment will be assessed once your completed application form is received.

If you submit an application form that is incomplete or missing information, it is not possible to complete an assessment. We will then contact you for additional information. Assessment will commence once all necessary information is received.

Please refer to the **Checklist** to ensure that you have included all required information.

##

## How to Apply for Payment

You will need to fill in all required fields in the application form, provide all additional documentation, and sign the declaration at the back of this Form.

Once you have all of the information required, and the application is completed, you can then email the Application Form and supporting documents to HNZ. The email address can be found below.

**Payment Timeframes:** The assessment and payment process for an application for payment form can take up to 12 weeks or more. This time frame is approximate and is affected by the volume of applications submitted to HNZ at a particular time.

If you have any questions, please email HNZ at: **vbs@health.govt.nz**

**Tax Implications:** Scheme payments are subject to income tax, may be subject to an ACC earners levy and may have an impact on your income tax obligations, Working for Families payments, and child support payments, etc.

HNZ suggests that you seek independent advice on how Scheme payments will affect your tax position. For further tax information, contact Inland Revenue on 0800 775 247 or visit their website (www.ird.govt.nz).

##

## Email Address

Please send your completed application form and all supporting documents to **vbs@health.govt.nz**. These should ideally be supplied in **PDF (\*.pdf) format** and attached to a single email.

## Submission Requirements

To successfully apply for payment, you must provide all of the following:

* **A 2015 Intake Voluntary Bonding Scheme Payment Application Form** (signed and dated, with all compulsory fields completed).
* **Proof of permanent New Zealand Residency or Citizenship** at time of application for payment. This could be a copy of your passport, Birth Certificate, Certificate of Citizenship, or Permanent Residency Visa.
* **Proof of your identity.** This could be a copy of your driver’s licence (this is only required if your Proof of Residency does not contain Photographic Identification (such as your Birth Certificate or Certificate of Citizenship)).
* **Proof of any name changes** (such as a Marriage Certificate).

If you do not have a student loan balance remaining, or you are a contractor claiming GST, please provide:

* **Verification of your bank account details** (a Pre-printed Deposit Slip; **or** hand-written deposit slip, stamped by bank teller; **or** top section of bank statement; **or** a letter from your bank) for the account you wish the payment to be made to.

**DHB-employed midwives must provide the following:**

* **Certificate(s) of service (on letterhead**) from your employer(s), which includes and verifies the following for your bonded service:
* Employment History:
	+ First Payment Application - Your employment history from the commencement of your employment until at least 36 months after that date.
	+ Second Payment Application - Your employment history from the start of your second bonded period until at least 12 months after that date.
	+ Third Payment Application - Your employment history from the start of your third bonded period until at least 12 months after that date.
* That you have complied with the minimum 0.6 FTE requirement of the Scheme.
* That you have worked in an eligible hard-to-staff community for the duration of your bonded service.
* Any and all details of breaks, parental leave, and sick/annual/unpaid leave taken during the course of your bonded service (if you have not taken any, this must be stated).

**LMC (Lead Maternity Carers) midwives must provide the following:**

* **A declaration/certificate (on letterhead) from your midwifery provider organisation** which includes and verifies:
* The number of births in a listed hard to staff community that you have attended in your bonded service per year (as per the requirements of clause 4.7 differentiating urban/rural birth numbers for the period.).
* That you have worked in an eligible hard-to-staff community for the duration of your bonded service.
* **If you make birth claims directly through HNZ Maternity Team**, please include your agreement number and payee numbers with your payment application form so HNZ can request your birth data directly.

***Note:*** *The date you become eligible to apply for a payment may depend on breaks in service*

*or parental leave you may need to make up.*

## Voluntary Bonding Scheme Payment Application Form

**Compulsory fields/attachments are marked with a \***

**\***I am applying for payment under the Voluntary Bonding Scheme for my:

 First Payment Second Payment Third Payment

 (Years 1-3 / 36 Months) (Year 4 / 12 Months) (Year 5 / 12 Months)

### Section A – Personal Information

|  |  |  |
| --- | --- | --- |
| **1.\*** | Title: |  |
|  | First Name(s): |  |
|  | Surname: |  |
| **2.\*** | Email Address: |  |
| **3.\*** | Postal Address: |  |
|  |  |  |
| **4.** | VBS Reference Number (if known): |  |
|  |  |  |  |
|  |  | **Yes** | **No** |
| **5.\*** | I am a New Zealand Citizen or hold permanent New Zealand Residency and have provided verification of this: |  |  |
| **** | **** |

### Section B – Professional Information

|  |  |
| --- | --- |
| **6.\*** | During my bonded service I have worked in the following hard-to-staff community or communities (and they are verified on any certificate(s) of service that I have provided with this application form)[[1]](#footnote-1): |
|  |

|  |  |
| --- | --- |
| **DHB-Employed Midwives** | **LMC Midwives** |
|  Capital and Coast DHB |  Canterbury: Ashburton, Darfield, Hurunui District |
|  Counties Manukau DHB |  Hawke’s Bay DHB |
|  Hawke’s Bay DHB |  Northland DHB |
|  Hutt Valley DHB |  South Canterbury DHB |
|  Northland DHB |  Southern DHB |
|  South Canterbury DHB |  Tairawhiti DHB |
|  Southern DHB |  Taranaki DHB |
|  Tairawhiti DHB |  Taupo: Turangi |
|  Taranaki DHB |  Waikato: Coromandel, Huntly, Taumaranui, Thames, Tokoroa |
|  Wairarapa DHB |  Wairarapa DHB |
|  West Coast DHB |  West Coast DHB |
|  Whanganui DHB |  Whanganui DHB |
|  Waikato Hospital (listed 2016) |  Counties Manukau DHB (listed 2016) |
|  MidCentral DHB (listed 2016) |  MidCentral: Palmerston North, Tararua Region (listed 2016) |
|  |  |

 |
| **7.**  **\***  | I intend to remain on the Scheme[[2]](#footnote-2) | ** Yes** | **No** |

Complete the section below that applies to you as either a DHB midwife or an LMC midwife during your bonded service and supply all of the required information. If you have been employed as both a DHB and LMC midwife, complete both sections and supply all of the required information

|  |  |  |
| --- | --- | --- |
| DHB Employed Midwives |  |  |
|  |  | **Yes** | **No** |
| **8.** | I have met the minimum full time equivalent (FTE) requirement of 0.6 for the duration of my bonded service:  | **** | **** |
|  |  |  |  |
| **9.** | The certificate(s) of service from my employer(s) that I have provided outlines all breaks, parental leave and sick/annual/unpaid leave that I have taken during the course of my bonded service: | **** | **** |
|  |  |  |  |
| **10.** | Have you been employed as a locum for a period of six weeks or more3? | **** | **** |
|  | If yes, provide details below: |  |  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Lead Maternity Carer (LMC) Midwives |  |  |
|  |  | **Yes** | **No** |
| **11.** | I have worked in a hard-to-staff **urban** community and have undertaken at least **20** births in my first postgraduate year of bonded service and at least **30** births for the second and subsequent years of practice: | **** | **** |
|  |  |  |  |
| **12.** | I have worked in a hard-to-staff **rural** community and have undertaken at least **15** births in my first postgraduate year of bonded service and at least **21** births for the second and subsequent years of practice: | **** | **** |
|  |  |  |  |
| **13.** | Have you been employed as a locum for a period of six weeks or more?[[3]](#footnote-3) | **** | **** |
|  | If yes, provide details below: |  |  |
|  |
|  |
|  |
|  |  | **Yes** | **No** |
| **14.** | I have not exceeded the breaks, pauses or parental leave provisions as outlined in the terms and conditions: | **** | **** |
|  |
|  |
|  |

### Section C – Payment Information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **15.\*** | IRD Number:  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **16.\*** | Tick the box below that applies to you then follow the direction of the text in *italics* (you only need to complete one Insert before moving to Section D): |
|  |  |  |  |
|  | **** | I am an employee (PAYE is deducted from my wages by my employer). *Complete ONLY Insert 1.* |
| **OR** |  |  |  |
|  | **** | I am an independent contractor (I organise payment of my own tax and complete an Individual Tax Return [IR3]) *Complete ONLY Insert 2.* |

### Insert 1 - Employees

Only complete this section if instructed to do so in Section C

**Note:** Your payment is subject to PAYE taxation and an ACC earner levy. HNZ will deduct these before payment is made. The following information is required to enable this:

**17.** I have money owing on my Student Loan: Yes Continue to 18

No Continue to 17a

**17a.** Complete your bank account number below **AND** include verification of your bank account details for your chosen account:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Bank |  | Branch |  | Account |  | Suffix |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**17b**. By ticking this box, I confirm that I have provided **verification** of my bank account details and included it with this application form:

**18.** Based on your expected gross income including this payment, state your annual income for the current tax year below:

 $15,672

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + or $5,224 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expected gross income + This payment = Total annual income

***Note:*** *For the purpose of this calculation consider the payment to be approximately:*

*First Payment: $15,672*

*Second/Third Payment: $5,224*

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### Insert 2 – Independent Contractors

Only complete this section if instructed to do so in Section C

**Note:** You are responsible for paying your own income tax on this payment. Please be advised that you may also be liable for provisional tax.

**19.** I am GST Registered Yes

No

**20.** I have money owing on my Student Loan: Yes Continue to 20a

No Continue to 21

**20a.** By ticking this box, I confirm that I have a Student Loan balance remaining and agree to have this payment made to my student loan account held by IRD:

**20b.** GST Registered Student Loan Holders:

 I would like the GST portion of my payment from HNZ to be made to:

 My Student Loan My Bank Account

**21.** Complete your bank account number below **AND** include verification of your bank account details for your chosen account:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Bank |  | Branch |  | Account |  | Suffix |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**21a**. By ticking this box, I confirm that I have provided **verification** of my bank account details and included it with this application form:

**22.** By ticking this box I confirm that I have **provided an invoice** to enable HNZ to make payment:

 First Payment: $*15,672* (GST Exclusive)

 Second/Third Payment $*5,224* (GST Exclusive)

### Section D – Declaration

By signing this declaration, I understand and confirm that:

* I have read and understand the Ministry of Health’s Voluntary Bonding Scheme terms and conditions for the 2015 intake.
* The information I have provided is true and complete.
* If I have made a false statement or failed to disclose any relevant information, my application may be delayed or declined, or I may be required to pay back any funds I have received under the Scheme.
* HNZ may contact my employer(s), or any other person, in order to confirm or clarify any information it needs in order to assess this application and/or make payment under the Scheme.

|  |  |
| --- | --- |
| Participant (Print Name): |  |
|  |
| Signature: |  | Date: | / | / |  |

### Checklist

When you have completed your Application for Payment Form, please use this checklist to ensure that you have included all of the information required. If you submit an application form that is incomplete or missing information the application form will be returned to you.

I have supplied ALL of the following information:

**** **A 2015 Intake Voluntary Bonding Scheme Payment Application Form** (signed and dated, with all compulsory fields completed).

**** **Proof of my permanent New Zealand Residency or Citizenship** at time of application for payment (this could be a copy of your passport, Birth Certificate, Certificate of Citizenship, or Permanent Residency Visa).

**** **Proof of my identity** (this is only required if your Proof of Residency does not contain Photographic identification (such as your Birth Certificate or Certificate of Citizenship).

**** **Proof of any name changes** (such as a Marriage Certificate).

**** **Certificate(s) of service (on letterhead)** from my employer(s) which includes and verifies the following for my bonded service:

**** *DHB-employed Midwives***:**

* My Employment History:
	+ First Payment Application - my employment history from the commencement of my employment until at least 36 months after that date.
	+ Second Payment Application - my employment history from the start of my second bonded period until at least 12 months after that date.
	+ Third Payment Application - my employment history from the start of my third bonded period until at least 12 months after that date.
* That I have complied with the minimum 0.6 FTE requirement of the Scheme.
* That I have worked in an eligible hard-to-staff community for the duration of my bonded service.
* Any and all details of breaks, parental leave and sick/annual/unpaid leave taken during the course of my bonded service.

**** *LMC Midwives:*

* The number of births that I have attended in my bonded service period.
* That I have worked in an eligible hard-to-staff community or communities for the duration of my bonded service, and details of the location(s).
* If I make birth claims directly through the HNZ Maternity Team, I have provided my agreement and payee numbers so HNZ can request my births data directly.

**** I have completed the correct payment information insert box and provided all required information, including **verification of my bank account details** if required.

 ***Note:*** *The date you become eligible to apply for a payment may depend on breaks in service or parental leave you may need to make up.*

1. After 1 July 2022, the only change in regard to existing bonds is that the agreement will be with HNZ, rather than the Ministry of Health. If Terms and Conditions refer to a DHB, the bond will be to **the former geographical area of that DHB rather than the DHB as employer**. Please email us should you require a copy of the former DHB maps, at vbs@health.govt.nz [↑](#footnote-ref-1)
2. Please note that this is an indication of your intention and does not affect your eligibility. [↑](#footnote-ref-2)
3. Please refer to the terms and conditions with regard to working as a locum. [↑](#footnote-ref-3)