

**Learning reflection form for Midwives elective education
Recognition of learning activities
Approved by Midwifery Council of New Zealand**

Name

Date

Description of activity

Number of hours¹

Why did you choose
this activity (How
does it relate to your
learning goals?)

What did you learn?

How will you
implement the new
learning into your
daily practice?

Does this learning
lead to any further
activities that you
could undertake
(audit activities, peer
discussions etc.)