

**Registration  
Deadline,  
February 24th,  
2012**



**Tripartite First Nation Aboriginal Maternal Child  
Aboriginal Doula Training**

**Date:** March 4<sup>th</sup>, 2012 from 4pm-8pm  
March 5<sup>th</sup> - 8<sup>th</sup>, 2012 from 7:30am-4pm

**Venue:** House of Gathering, Hupacasath First Nation  
Box 211-5500 Ahahswinis (off Beaver Creek Rd), Port Alberni, BC

**Contact:** Lucy Barney [lbarney@phsa.ca](mailto:lbarney@phsa.ca) **Telephone:** 604-877-2121 Ext. 223766

**First Nation (name):** \_\_\_\_\_ **Metis** \_\_\_\_\_ **Inuit** \_\_\_\_\_

**DOULA TRAINING REGISTRATION FORM**

NAME		ADDRESS
TELEPHONE/FAX/CELL		EMAIL
<u>SIGNATURE OF SUPERVISOR/ HEALTH DIRECTOR:</u>		
<b>1</b>	<b>Tell me about ways you worked with or volunteered with Aboriginal women.</b>	
<b>2</b>	<b>What community do you live in?</b>	

3	<b>Tell us what you think a doula does?</b>
4	<b>Why would you like to become a Doula?</b>
5	<b>Have you had any experience supporting birthing women?</b>
6	<b>What are your plans once you receive the Doula Training?</b>
7	<b>What are your expectations of the training and when the training ends?</b>

8	If you want to become a Doula, in which community/organization and where would you provide doula care?
9	Are you able to leave your community to take the Four and half day doula training?
10	Are you able to meet the physical requirements of a doula? (example; stand for extended periods, lift bend and reach, and ability to hold and lift children)
11	How do you prefer to be contacted, email or phone?
12	Do you currently have full time or part time employment, please explain.
13	Would you be willing and able to travel (dependable transportation) to help families in other communities as a doula?
14	Are you able to work flexible hours, some evening, weekend hours as necessary; would you be available on call 24 hours a day 7 days a week to support families.
15	Please acknowledge that you will attend and complete the full four and one half days of training. Accommodation, travel, training, resources, breakfast and lunch will be provided, however dinner will be covered by your community or organization. Please advise us of any allergies.
16	Please add 2 -3 letters of character references (these can be submitted directly via email, fax, or telephone conversation with Lucy Barney).

	_____ Signature of Registrant
<b>5.0</b>	<b>FAX COMPLETED FORM ATTENTION LUCY BARNEY: 604-872-1987 OR SEND BY EMAIL: LBARNEY@PHSA.CA</b>
	-----RECEIVED ON-----ATTENDING-----