



# DOULAS FOR ABORIGINAL FAMILIES GRANT PROGRAM

Administered by the BC Association of Aboriginal Friendship Centres

## COMPENSATION PRE-APPROVAL FORM FOR BIRTH AND POSTPARTUM DOULA SERVICE PROVIDERS

Applicant Information:			
Surname:		First Name:	
Organization Name (If applicable):			
Phone:		Alternate Phone:	
Address:		Fax #:	
City/Community:		Province: <b>BC</b>	Postal Code:
Identity: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Non-aboriginal <input type="checkbox"/> Other: _____			
E-mail:			
Training and Certification Information			
Name of birth or post-partum training program and Institute:		Date of Training (MM/YYYY):	
As a birth or post-partum doula I have (please check one of the following): <input type="checkbox"/> Doulas of North America (DONA) certification      OR <input type="checkbox"/> Doula Services Association (DSA) Web Referral Membership			
Approximate number of births attended to date as a doula:	DONA Certification # (if applicable):	DONA certification Expiry Date (if applicable):	



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## Birth Package or Post-Partum Package Rates

*\*Please provide an application each for Birth doula services and/or Post-Partum services*

Service(s):	Description of proposed services:	Hours/Duration:	Fees:
Prenatal visit(s):			\$
Labour and birth support (at home and/or hospital)			\$
Post-Partum Visit(s):			\$
Other (Please identify):			\$
		<b>Total</b>	\$

## Signatures

I certify, to the best of my knowledge, all information in this application is correct and in accordance with the criteria of the Doulas for Aboriginal Families Grant Program. I Agree to inform the **B.C Association of Aboriginal Friendship Centres** of any changes in the information given.

**Print Name of Applicant:**  
(Please Print)

Signature:

Date (MM/DD/YY):



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## Application Checklist

Application Checklist:

- Copy of Birth Doula training certificate
- and/or**
- Copy of Post-partum doula training certificate
- Copy of DSA Web Referral List Membership
- and/or**
- Copy of DONA International Certification
- Copy of "Other" certificate(s) (i.e. *Breast feeding training, Infant CPR, etc.*) (please Specify)

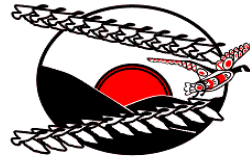
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**Please Send To:**

Brittany Morgan  
Program Administrator

BC Association of Aboriginal Friendship Centres  
551 Chatham Street, Victoria, BC V8T 1E1  
Phone: 1-800-990-2432 or (250) 388-5522 Ex. 205  
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BC Association of  
Aboriginal Friendship  
Centres

