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

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| Applicant Information: | | | | | | | | | |
| Surname: | | | | First Name: | | | | | |
| Organization Name (If applicable): | | | | | | | | | |
| Phone: | | | | Alternate Phone: | | | | | |
| Address: | | | | Fax #: | | | | | |
| City/Community: | | | Province:  **BC** | | | Postal Code: | | | |
| Identity: ⎕Aboriginal ⎕Non-aboriginal ⎕ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­ | | | | | | | | | |
| E-mail: | | | | | | | | | |
| *\*Please update the Doula Program Coordinator if your contact information changes.* | | | | | | | | | |
| **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):  ⎕Doulas of North America (DONA) certification OR ⎕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): | | |
| **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): |  | | | |  | | | | **$** |
| Other (Please identify): |  | | | |  | | | | **$** |
|  |  | | | | **Total** | | | | **$** |
| **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): | |
| **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)*    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Please Send To:**  Charlie George  Doula Program Coordinator  BC Association of Aboriginal Friendship Centres  551 Chatham Street, Victoria, BC V8T 1E1  Phone: (250) 388-5522 Ex. 201  Fax: (250) 388-5502  E-mail: [doulasupport@bcaafc.com](mailto:doulasupport@bcaafc.com) | | | | | | | | | |