**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): |  |  | **$** |
| Other (Please identify): |  |  | **$** |
|  | ***Must not exceed $1000*** | **Total**  | **$** |
| **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 GeorgeDoula Program CoordinatorBC Association of Aboriginal Friendship Centres551 Chatham Street, Victoria, BC V8T 1E1 Phone: (250) 388-5522 Ex. 201Fax: (250) 388-5502E-mail: doulasupport@bcaafc.com |