



Doulas for Aboriginal Families Grant Program | DAFGP

The Doulas for Aboriginal Families Grant Program (DAFGP), delivered by the BC Association of Aboriginal Friendship Centres, provides financial support to Indigenous families for doula services. The goal of the program is to increase healthy birth outcomes for Indigenous families by removing the cost barrier to accessing doula supports and bringing the birthing process closer to home.

In order to support Indigenous families through the DAFGP, doulas must submit a completed [Doula Registration Form](#) and provide the following:

1. Completion of formal training or a community reference letter
2. A current and clear Criminal Records Check – Vulnerable Sector Check
3. Signed agreement to uphold the Statement of Practice of the program

Applications and supporting documents should be sent to doulaprogram@bcaafc.com

Statement of Practice

As a doula working with the Doulas for Aboriginal Families Grant Program, I commit to:

- Supporting the overall objectives of the program to provide high quality, culturally safe and trauma-informed doula services, as determined in collaboration with the Indigenous childbearing persons and families I am supporting, and outlined in the application form;
- Respecting the privacy of families and holding in confidence all information obtained in the course of services;
- Not performing medical tasks such as taking blood pressure, checking fetal heart tones, providing vaginal exams, catching babies or providing postpartum clinical care. Further, I will not give medical advice or diagnosis, perform clinical procedures or administer medications, with the exception of extraordinary circumstances where I may be required to follow the directions of a medically trained professional.

By signing below, I _____ (name) hereby commit to upholding the DAFGP Statement of Practice above.

Signature

Date



Doulas for Aboriginal Families Grant Program

Administered by the BC Association of Aboriginal Friendship Centres

Doula Registration Form

Applicant Information

Surname:

First name:

Preferred name:

Preferred pronoun:

Organization name (if applicable):

Identity: ☐ First Nation ☐ Métis ☐ Inuit ☐ Non-Indigenous ☐ Other:

Address:

City/community:

Province: BC

Postal code:

Phone:

Alternate:

Email:

Training and Certification Information

Name of training program and institute:

Description of experience providing prenatal, birth or postpartum support:

Have you received any cultural safety training?

☐ Yes, name of cultural safety program and institute:

☐ No, but I am interested in taking cultural safety training

☐ No, I am not interested in cultural safety training



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Doulas for Aboriginal Families Grant Program

Please complete the following table so the DAFGP is generally familiar with the services and supports you are able and willing to provide. Services and costs may vary by family.

Range of Services Provided

I can provide the following services:

<input type="checkbox"/> Prenatal	<input type="checkbox"/> Birth	<input type="checkbox"/> Postpartum
Description: <i>(i.e. birth planning, education, etc.)</i>	Description: <i>(i.e. pain management, comforts, etc.)</i>	Description: <i>(i.e. lactation support, meal prep etc.)</i>
Approximate # of visits: <i>(i.e. ~2-4 visits, ~2 hr/visit)</i>	Maximum time for labour:	Approximate # of visits:
	Strategies if birth exceeds time:	
Standard fees:	Standard fees:	Standard fees:

The DAFGP can cover up to \$1,200 per pregnancy.

Any amount exceeding \$1,200 will not be reimbursed and should be discussed with the client prior.



Doulas for Aboriginal Families Grant Program

Application Checklist

Required

- ☐ Copy of training certification(s) (prenatal, birth and/or postpartum) or community reference letter
- ☐ Copy of current and clear Criminal Records Check – Vulnerable Sector Check
- ☐ Signed Statement of Practice

Optional

- ☐ Copy of cultural safety training certification or date of upcoming course with organization
- ☐ Copy of “other” certifications (i.e. breast feeding training, infant CPR, etc.)

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 BC Association of Aboriginal Friendship Centres of any changes to the information given.

Name of applicant (please print):

Signature:

Date (MM/DD/YYYY):

Please send completed registration package to:

Doula Program Coordinator at doulaprogram@bcaafc.com



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